University of Alberta

WOMEN'S DESCRIPTION OF THE EXPERIENCE OF BREASTFEEDING A SECOND INFANT

by

Debra Ruth Allen

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF NURSING

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Debra Allen

2415 136 Avenue
Edmonton, AB
T5A 3V4, Canada

April 13, 1999

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Women's Description of the Experience of Breastfeeding a Second Infant submitted by Debra Ruth Allen in partial fulfillment of the requirements for the degree of Master of Nursing.

Dr. B. O'Brien, Supervisor

Dr. P. A. Field, Committee Member

Dr. B. Munro, Committee Member

07 April 1999
Date

DEDICATION

To my husband and children who
supported me every step of the way.

To my parents who encouraged me
from an early age to ask questions.

Abstract

The purpose of this study was to describe what it is like to breastfed a second infant. A qualitative exploratory-descriptive research approach was used. Seven mothers who had breastfed their first infant and planned to breastfeed their second infant were interviewed antenatally and at two and six weeks postpartum. A first time mother was included in the study so beginning discussion could occur on the similarities and differences between the experience of breastfeeding a first and second child. Ethnographic methods were used to analyze the data obtained from the open-ended interviews. While each mother's experience was unique to them, three major categories were identified. These categories were (1) causal factors, (2) influencing factors, and (3) consequences of the breastfeeding experience. Nurses need to take a lead role in supporting breastfeeding mothers.

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TABLE OF CONTENTS

CHAPTER I: INTRODUCTION 1
Purpose of the Study and Research Question 3
Significance of the Study 3

CHAPTER II: LITERATURE REVIEW 5
Factors Influencing Breastfeeding 6
Maternal Characteristics 6
Environmental Factors 7
Factors that Affect Continuation of Breastfeeding 7
Contextual Factors 10
Maternal Concerns 11
Summary 12

CHAPTER III: METHOD 13
Operational Definitions 13
Research Design 13
The Sample 14
Characteristics of the Participants 15
Data Collection 17
Data Analysis 19
Reliability and Validity 21
Ethical Considerations 22
Confidentiality 23
Anonymity 23

CHAPTER IV: FINDINGS 24
Causal Factors 25
Influencing Factors 27
The First Experience 28
Behaviour of the First Infant 31
The Way It Is 32
Commitment 33
Perception of Support 34
Consequences 37
Defining and Redefining the Relationship 38
Characteristics of the Second Child 39
Renewal of Interest in Breastfeeding 39
Reaction of the Older Child 40
Balancing Needs 41
Perception of Time 42

Strategies 44
Support 46
Summary 50

CHAPTER V: DISCUSSION 51
Maternal Biographic Characteristics 51
Mothers' Knowledge of Breastfeeding 53
The Breastfeeding Experience 54
Balancing 56
Support 57
Implications for Nursing Practice 60
Indications for Future Research 61
Strengths and Limitations 62
Summary 63

REFERENCES 64

APPENDIX A: ADVERTISEMENT FOR PARTICIPANTS 78

APPENDIX B: INFORMATION LETTER FOR POTENTIAL RESEARCH PARTICIPANTS 79

APPENDIX C: INFORMED CONSENT FORM 80

APPENDIX D: BIOGRAPHICAL DATA: PARTICIPANT 82

APPENDIX E: QUESTIONS TO GUIDE INTERVIEWS 83

APPENDIX F: INFORMED CONSENT FORM: SECONDARY PARTICIPANTS 85

APPENDIX G: INFORMED CONSENT FORM: MOTHER BREASTFEEDING HER FIRST INFANT 87

APPENDIX H: HEALTH RESEARCH ETHICS APPROVAL 89

CHAPTER I: INTRODUCTION

There is widespread recognition that there is no equal substitute for human breast milk. Breast milk provides optimal nourishment for infants in their various stages of growth and development and protects them against infections and allergies until they develop their own immune systems. Some of the well known benefits for a breastfeeding mother are enhanced uterine contractions and involution, decreased incidence of postpartum hemorrhage, weight loss, and convenience. Maternal-infant attachment is an important psychological benefit for both mother and infant.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) emphasizes the importance of breastfeeding as a way to improve the health and nutrition of infants and young children. Promoting breastfeeding and eliminating problems that discourage this practice, are key elements of primary health care as a means of achieving health for all by the year 2000 (A Joint WHO/UNICEF Statement, 1989; World Health Organization, 1981; World Health Organization (WHO) Code for the Marketing of Breastmilk Substitutes, 1981). The WHO Code for the Marketing of Breastmilk Substitutes emphasizes feeding practices for the healthy growth and development of infants and advocates and encourages breastfeeding as an unequaled way of providing ideal food. In 1992 and 1994 respectively the boards of the Canadian Nurses Association (CNA) and the Alberta Association of Registered Nurses endorsed the Joint WHO/UNICEF statement (1989) and the WHO Code for the Marketing of Breastmilk Substitutes (1981). These documents are being used in the development of international health programs and provide nurses with guidance in reviewing and developing agency policies that promote and support breastfeeding.

The Canadian Institute of Child Health (1994) has set goals and identified strategies to "create an environment that supports breastfeeding" (p. 40) and to ensure that all children have an optimum beginning to life with continued healthy growth and development. One goal of the Canadian Institute of Child Health is to increase the proportion of mothers who are attempting to breastfeed and for mothers to breastfeed for at least 6 months.

Goals for breastfeeding have been set in the United States (The Healthy People 2000, 1990). The goals are to increase to at least 75 per cent the proportion of mothers who breastfeed their babies in the early postpartum period and to have at least 50 per cent the proportion of mothers continue breastfeeding until their babies are five to six months old.

This study was inspired by my clinical observations that most mothers were leaving the hospital within 24 hours after delivery and very little time was available in the hospital setting for early client teaching. It appeared that nurses were making assumptions that women who had previously breastfed an infant did not need any further teaching. Community Health Nurses reported that mothers breastfeeding a second infant were having difficulties and these mothers needed the same or more information than a mother who was breastfeeding for the first time (N. Buchanan, personal communication, January 30, 1997). My interest in promoting breastfeeding evolved from my obstetrical nursing experience at a large, tertiary care hospital; my clinical experience with the Nursing Child Assessment Satellite Training (NCAST)) program; my graduate student clinical experience with the Healthy Beginnings Program; and my personal experience of breastfeeding two infants.

Purpose of the Study and Research Question

Health care providers have a significant role to play in supporting breastfeeding mothers and their infants. Information gained from this study will be of value to health care providers in providing more effective and appropriate care to meet the needs of mother and child. It is only with awareness that attitudes and judgments can be changed.

The goal in this study was to develop an understanding of what it is like to breastfeed a second infant. The research question that guides this study is: "How do women describe their experience of breastfeeding a second infant?"

Significance of the Study

The concerns of multiparous women during the early postpartum period have been investigated. Moss (1981) studied the major concerns of multiparous women on the third postpartum day and whether differences in their concerns were related to age, education, socioeconomic status, infant's sex and feeding method. The major area of concern reported in this study was that all the mothers were concerned with family relationships and how siblings would accept the new infant. Also reported in the findings was that mothers of male infants had more concerns than mothers of female infants and those mothers with higher education had almost as many concerns as those who had not completed high school.

Hiser (1987) conducted a study to identify concerns of multiparous women at 10 to 14 days postpartum and in doing so reported on multiparas as an exclusive group. "Multiparas have concerns which have not been dealt with during their hospitalization, particularly interests rather than worries" (p. 202). In this study the major concern for the majority of multiparas was meeting the needs of everyone at home.

Gruis (1977) reported the concerns of primiparous and multiparous women one-month postpartum and the most frequent concern of all the mothers was the return of their figures to normal. The second concern of multiparous women was the strain that a new infant placed on the rest of the family. Smith (1989) conducted a replication of the Gruis study and the findings were compatible. Sumner and Fritsch (1977) investigated the concerns of women six weeks postpartum and reported that the highest percentage of questions were related to infant feeding.

Breastfeeding research has focused on primigravida women. Because there is little information on the experience of breastfeeding a second infant, we need to know more about this unique experience. Hewat and Ellis (1985) conducted the only qualitative study on women's perceptions of their breastfeeding experience. This study was a retrospective study that included both primiparous and multiparous women. Multiparous women may have different questions that will be pertinent and relevant to coping with a second baby and the changing roles within their family (Ewing & Morse, 1988).

The trend toward a shorter postpartum hospital stay has altered the amount of time available for client teaching while in the hospital. The information provided by mothers is intended to guide the nurse in promoting breastfeeding and supporting women in their decision to breastfeed their second infant. This is an opportunity for nurses to share their knowledge and establish a link with mothers and their families. The promotion of breast feeding is one issue that fits into a broader framework of maternal and infant health issues and therefore can be linked to other efforts to teach pregnant women and new mothers about the value of health promotion for themselves and their children (Arango, 1984).

CHAPTER II: LITERATURE REVIEW

A literature review was conducted to examine previous research that was pertinent to this study. Relevant literature was reviewed in terms of content, underlying assumptions, biases and context of the study. The literature for review was collected in a variety of ways. A computer assisted literature search CINAHL and Medline was conducted in order to review journal articles. Terms searched were breastfed; breastfeeding and multiparas; breastfeeding and multiparas and primigravidas; breastfeeding experience; breastfeeding and support, influencing factors, duration, and weaning. An initial search was conducted in 1996 and a second search was conducted in 1999 for any articles published since 1996. Additional sources of literature were obtained by reviewing reference lists in published articles, and in unpublished doctoral and master theses on the topic of breastfeeding. It was noted that there were fewer relevant publications in the 1990's than in the previous decade.

Two major trends in breastfeeding are reported as a result of nine cross-sectional studies on breastfeeding trends in Canada over a twenty year period from 1963-1982 (McNally, Hendricks & Horowitz, 1985). There is an increase in the number of mothers breastfeeding and in the duration of breastfeeding in all regions of Canada. There was a dramatic decline in breastfeeding in the 1930s and 1940s that lasted until the early 1970s. Since then, there has been a steady increase in both the rate and duration of breastfeeding (Arango, 1984; Ryan, Pratt, Jeffrey, Wysong, Lewandowski, McNaly & Krieger, 1991). Trends in the United States over the last 30 years are similar.

Factors Influencing Breastfeeding

Maternal Characteristics

Many breastfeeding researchers describe the experience of breastfeeding (Matthews, 1993; Rutledge & Pridham, 1987) but in most studies that were found the focus was the primigravida woman. The type of woman who will most likely breastfeed has been profiled. Older maternal age, higher income, and higher education is reported to be paramount in the decision to breastfeed and also influences the length of time the woman will continue breastfeeding (Barnes, Leggett, & Durham, 1993; Dix, 1991; Goodine & Fried, 1984; Hally, et al., 1984; Hill, 1988; Kaufman & Hall, 1989; LeFevre, Kruse, & Zweig, 1987; McIntosh, 1985; Switzky, Switzky, & Vietze, 1979; Virden & Fried, 1984). Personal values, social networks, and socioeconomic factors have also been reported to influence the decision to breastfeed (Bloom, Goldbloom, & Stevens, 1982; Eastham, Smith, Poole, & Neligan, 1976; Florack, Oberman-DeBoer, Van Kampen-Donker, Van Wingen & Kromhout, 1984; Hill, 1988; Sachs, Brada, Hill, Barton & Harland, 1976; Simopoulos & Grave, 1984; Sloper, McKean, & Baum, 1974; Yeung, Pennell, Leung, & Hall, 1981). The most influential personal value in the decision was a positive attitude toward breastfeeding. The influence of family, especially the male partner, friends, and support by health care workers were reported most often as influencing the decision to breastfeed. Work and the intention to return to work influenced the length of time a woman would continue to breastfeed. Breastfeeding promotion programs such the National Breast-Feeding Promotion Program was initiated in 1979 (Myres, Watson, & Harrisson, 1981; Myres, 1983). Relying on clinical experience is not enough, health care professionals need to keep their knowledge current

and promote evidence-based practice (Carlson Gielen, et al., 1988; Friel, Hudson, Banoub, & Ross, 1989; Kistin, Abramson, & Dublin, 1994).

Environmental Factors

Specific factors that influence the decision to breastfeed include an awareness of the nutritional value of breast milk, social support, and previous experience with breastfeeding (Bottorff, 1990; Coreil & Murphy, 1988; Gunn, 1984; Ekwo, Dusdieker, Booth, & Seals, 1984; Ellis & Hewat, 1984; Hewat & Ellis, 1986; Holt & Wolkind, 1983; Janke, 1988; Loughlin, Clapp- Channing, Gehlbach, Pollard & McCutchen, 1985; Lynch, Koch, Hislop, & Coldman, 1986; Morse, Bottorff, & Boman, 1989; Morse, Harrison & Prowse, 1985; O'Campo, Faden, Gielen & Cheng Wang, 1992; Quandt, 1985; Richardson & Champion, 1992; Saunder & Carroll, 1988; Stahlberg, 1985; Wright & Walker, 1983). Researchers investigating the reasons for termination of breastfeeding have identified factors that lead to weaning the infant from the breast. These factors were similar as those that influenced the decision to breastfeed, but represented the opposite end of the spectrum. Personal values, the influence of family, especially the male partner, friends, employment and the intention to return to work, support by health care workers, and hospital policy and procedure were reported most often as reasons for weaning an infant from the breast (McIntosh, 1985; Morse & Harrison, 1987; Rogers, Morris & Taper, 1987; Van Esterik & Greiner, 1981).

Factors that Affect Continuation of Breastfeeding

Successful breastfeeding is dependent on multiple factors relating to the mother, infant, and environment. Caregivers must be culturally sensitive when promoting breastfeeding, assessing the woman's beliefs and providing advice about postpartum

feeding (Abramson, 1992; Bergman, Larsson, Lomberg, Moller, & Marild, 1993; Morse, Jehle & Gamble, 1990). In some cultures the initiation of breastfeeding is delayed for a period of time because of maternal beliefs about the hot/cold theory of health and illness (Abramson, 1992).

There is the notion that if breastfeeding is initially perceived to be a positive experience, women will continue to breastfeed successfully. Commitment to breastfeeding and making the decision to breastfeed made prior to the pregnancy are factors related to breastfeeding success. The woman's perspective and her own unique concept of breastfeeding satisfaction and enjoyment were the criteria reported to determine success (Beske & Garvis, 1982; Gulick, 1982; Harrison, Morse & Prowse, 1985; Locklin & Naber, 1993; Leff, Gagne, & Jefferis, 1994; Matthews, 1990; Rentschler, 1991). Duration of breastfeeding is often used as the indicator of breastfeeding success. Success then, is the length of time the woman breastfeeds with the ideal being at least twelve months and the minimum being three months. Successful breastfeeding has been associated with perceived and actual social and professional support (Albers, 1981; Baranowski, et al., 1983; Bono, 1992; Buckner & Matsubara, 1993; Ellis & Hewat, 1984; Grossman, Harter, Sachs, & Kay, 1990; Kelly, 1983; Kisten, Abramson & Dublin, 1994; Knipscher, 1994; Matich & Sims, 1992; McNatt & Freston, 1992; Richardson & Champion, 1992; Rajan, 1993).

Morse and Harrison (1987) report that an assumption is made that once lactation is established, the woman will continue breastfeeding. This is an invalid assumption as there are many factors reported that influence the continuation of breastfeeding. Moss (1981) discusses the rationale for teaching a primiparous woman as "a first experience is

often the most difficult, and each following encounter is easier" (p. 423). Moss also states "With decreasing family size, bringing a newborn home to a sibling is a very common first-time experience for many mothers" (p.423). Moss and Hiser (1987) report that the greatest number of concerns in multiparous women focused on the family. With the birth of the second infant, the composition of the family changes. The attention and time required for the infant increases the demands on each member of the family. The sibling may be jealous of the infant and have an increased need for reassurance and affection. The marital relationship changes as time commitments and priorities are altered. Researchers suggest that the major concerns related to the family are regulating the demands of the family and fitting baby into the family schedule (Arizmendi & Affonso, 1987; Chapman, Macey, Keegan, Borum & Bennett, 1985; Gruis, 1977; Harrison & Hicks, 1983; Hiser, 1987; Larsen, 1966; Moss, 1981; Smith, 1989).

Hiser (1987) states, "All too often erroneous assumptions are made that multiparas need less teaching because of previous experience with infants" (p. 202). The first experience of breastfeeding may differ significantly from the second (Rutledge & Pridham, 1987). The characteristics of the child, the situation, and family dynamics are just some factors that may influence the second breastfeeding experience. The gender of the child influences the amount of assistance and information the mother needs. It has been reported that mothers of male infants ask more questions about infant care and feeding (Hiser, 1987; Moss, 1981; Sumner & Fritsch, 1977). The time available for teaching in the hospital is decreased because of the shortened length of stay. After the birth, the mother's immediate concern is for rest and recovery and she may not seek or absorb information about infant care (Becker, 1980; Gruis, 1977; Mercer, 1981; Rubin,

1961). The mother and infant need time to adjust from the intense physical experience of labor and birth (Gruis, 1977; Rubin, 1975). The mother needs time to develop and establish a relationship with her infant.

Contextual Factors

Recent changes to the health care delivery system have had a substantial impact on maternity services. One change is a shorter postpartum hospital stay. Researchers have investigated the effect shorter postpartum hospital stay has on breastfeeding mothers. They suggest that neither the rate nor duration of breastfeeding were related to the length of stay in hospital but rather to certain characteristics of the woman. (Carty & Bradley, 1990; Hiser, 1987; Small, Lumley & Brown, 1992; Smith- Hanrahan, & Deblois, 1995; Waldenstrom, 1989).

Not only have the effects of shorter postpartum hospital stay been examined but hospital policies and procedures have been studied to determine their effect on breastfeeding (Cabrera Artola & Jimenez, 1990; deChateau, Holmberg, Jakobsson, & Winberg, 1977; Dungy, Christensen- Szalanski, Losch, & Russell, 1992; Ellis, 1992; Lindenberg, Pinelli, McGovern, Edwards & Milligan, 1993; Neyi, et al., 1991; Renfrew Houston & Field, 1988; Reiff & Essock- Vitale, 1985; Shoham- Yakubovich, Pliskin, & Carr, 1990; Small, Lumley & Brown, 1992; Strembel, Cole, & Hartner, 1991; Waldenstrom, 1989; Winikoff, Hight Laukaran, Myers, & Stone, 1986). Hospital policies and practice such as providing formula samples upon discharge, providing confusing and incorrect information about breastfeeding because of a lack of current knowledge and a lack of flexibility in hospital routines were reported as barriers to promoting breastfeeding. Education practices and provider attitudes that may foster or hinder

breastfeeding have been studied (Field & Renfrew (Houston), 1991; Libbus, 1994; Princeton, 1986; Wiles, 1984). Nurses teach in the manner they were taught and what they feel is most important. The nurse must obtain input from the mother, as there may be a difference in perceptions of learning needs. The reluctance of health care professionals to challenge women's decisions about infant feeding has been reported by researchers. Health care professionals fail to recognize that their opinion is powerful. Previous research reports that nurses who use anticipatory guidance and current prenatal breastfeeding information promote breastfeeding.

Maternal Concerns

Gilhooly and Hellings (1992) evaluated breastfeeding problems and telephone consultation. They reported that the first 12 weeks after the infant is born is the time most breastfeeding mothers need assistance. Over half of the woman who called with problems had infants less than 4 weeks of age. Sumner and Fritsch (1977) reported similar results 10-14 days postpartum in a descriptive survey of postpartum women. The number of calls to a health care facility increased during the infant's second week of life. The highest percentage of questions was about infant feeding and within that category the greatest number was about breastfeeding. Whether the woman was a primigravida or a multipara, mothers of male infants asked more questions about infant feeding than did mothers of female infants. The same maternal concerns were reported in a recent study on the effect of telephone follow up after early discharge (Haynes, 1995).

Multiparous women have been included in some research studies on breastfeeding but studies with multiparas as an exclusive group were not found. Studies have been conducted to identify concerns of multiparas during the early postpartum period (Gruis,

1977; Hiser, 1987; Moss, 1981; Sumner & Fritsch, 1977). Hiser (1987) investigated concerns of multiparas during the second postpartum week. Hiser reported that the priority concern or worry for mothers was their ability to meet the needs of everyone at home while their primary interest was the infant's growth and development. Moss (1981) reported similar results in a survey of multiparas about their concerns on the third postpartum day. Gruis (1977) and Sumner & Fritsch (1977) included primiparous and multiparous women in their studies. Gruis investigated mothers' postpartum concerns at one month and reported that the most frequent concern was the return of their figure to normal. However, over one half of the 40 subjects in this study reported a concern with the changes in the family relationships. Sumner & Fritsch in their study at six weeks postpartum reported that the most asked question was about feeding their infant. These studies were done at a time when the average postpartum stay in hospital was 3 - 4 days for a low risk normal vaginal delivery.

Summary

Breastfeeding is a dynamic process between a mother and her infant. Multiple factors influence a mother's decision to breastfeed and to continue breastfeeding. Health care professionals need to support mothers and promote breastfeeding to ensure the best possible health for women and children.

CHAPTER III: METHOD

An exploratory descriptive study using open-ended interviews was employed to gain a better understanding of what it is like to breastfeed a second infant from an emic perspective, that is, the perspective of the person experiencing it (Field & Morse, 1985). Qualitative methods were selected because little is known about the experience of breastfeeding a second infant. In an exploratory descriptive study, the parameters or dynamics of a social setting are not really known, so heavy initial instrumentation or close-ended devices are inappropriate (Miles & Huberman, 1994). Miles & Huberman (1994) "have the view that qualitative studies take place in a real social world and can have real consequences in people's lives" (p. 277).

Operational Definitions

For the purpose of this study, the following definitions were operationalized:

1. breastfeeding: the success, frequency and duration to be defined by the mother
2. second infant: the second infant in a family in which the first child had also been breastfed
3. multipara: a woman who has borne at least one infant who is alive and living with the mother at the time of the birth of the second infant

Research Design

Data was collected from in-depth open-ended interviews. Thick description and verbatim quotations are the most identifiable features of ethnographic research (Fetterman, 1989) which was appropriate for this study as very little is known about the experience of breastfeeding a second infant. The aim was to convey the participant's understanding of the topic being studied as the facts of the event. The researcher's

observation during the interview and the nonverbal and verbal language of the participant contributed to the thickness or richness of the study. Differences in perception between the researcher and the participant were clarified during the interactive communication. Interviews progressed from a general to a more specific information-seeking format (Field & Morse, 1985). Prompt questions (Appendix E) were used to initiate and encourage the participant's response when needed.

The Sample

Approval to access participants was obtained from administration at a large tertiary hospital that offered prenatal classes to multiparous women. The researcher distributed the Information Letter for Potential Research Participants (Appendix B) at prenatal classes. Because sufficient participants could not be recruited through the prenatal classes an advertisement for participants (Appendix A) was submitted to a community newspaper.

A sample of pregnant women who volunteered to be interviewed was obtained from this advertisement in a local community paper and through a poster that had been posted in a clinic setting in a large tertiary care center. The sample can be described as purposive in that women who were interested in the study contacted the researcher by telephone for further information regarding the study (Appendix B). Volunteers were included in the study if they:

1. were planning to breastfeed their second baby and had breastfed their first;
2. were not diagnosed with medical problems before or during the pregnancy that placed them in a high risk category;
3. were without complications in the postpartum period of this pregnancy;

4. perceived that both they and their infant were healthy

New participants were interviewed until no new information was reported and then it was assumed the quantity of themes that had been captured would adequately describe the phenomenon being studied (Dreher, 1994). Seven Caucasian, English speaking women, who qualified for the study were provided with additional information by the researcher about the time commitments related to the study. Three women who were interested in the study did not qualify. One was moving out of the province and two had already given birth to their infant. One of the two women who had delivered also had three children at home. Based on past research findings the researcher made the decision that the most opportune time to recruit women for the study was antenatally when they were focused on their pregnancy and impending birth. Postpartum mothers are not solely focused on their new infant but have varied concerns. The priority postpartum concerns of multiparous women include family relationships, how the children at home will act towards the baby, being a good parent, and finding time for self (Arizmendi & Affonso, 1987; Chapman, Macey, Keegan, Borum & Bennett, 1985; Graet, et al., 1988; Gruis, 1977; Harrison & Hicks, 1983; Hisler, 1987; Larsen, 1966; Moss, 1981; Smith, 1989). After the woman verbally consented to participate in the study, a mutually convenient meeting time and place was established.

Characteristics of the Participants

Biographical information was collected from each of the seven participants at the first interview (Appendix D). This information provided the researcher with an expected date of delivery and tentative dates to contact the mother for the second interview. This information was collected in order to describe the research sample and to begin to

describe the context of the participant's world.

This was the second pregnancy for all the women. All the women had given birth to term infants and the mothers and their infants were healthy. All of the participants wanted to breastfeed their infant and were hoping to breastfed this infant for a greater length of time than they had for their first child. One of the mothers was still breastfeeding her first child.

Five of the participants were in their thirties and two were in their twenties. The age range was 21 to 36 years old. Two were 36 years old. All were married and had one child living at home with them. Six of the participants had been married at the time of the birth of their first infant and one had lived common law with the partner to whom she was now married. The children at home ranged in age from 16 months to 4 1/2 years. Two of the children were 28 months old. Five of the participants had completed university. One had completed two years at college and one had completed high school. Three were registered nurses and of these three, two were lactation consultants. One was a telecoms operator, one was an engineer, one was a cashier, one was a manager and one indicated only that she was a professional. One of the women, the youngest of the participants, chose not to indicate the family income. The six remaining women reported incomes greater than $50,000 per year.

Six of the seven husbands were working. One of the husbands was a full-time student. Two partners were professors at a university, one was a project manager for a large computer company, one was a professional law officer and one indicated that he was a professional.

One primigravida woman volunteered to participate in the study. She was 39

years old, Caucasian, English speaking, single, and planned to breastfeed her first child. A first time mother was included in the study so beginning discussion could occur on the similarities and differences in the experience of breastfeeding a first child and breastfeeding a second child. This participant's income was greater than $50,000 per year. This participant came from a similar economic background as the main study participants. This mother was interviewed antenatally and at one week postpartum.

Data Collection

Three semi-structured interviews using open-ended questions were conducted with each participant. Each interview lasted approximately 45 to 90 minutes. These interviews were the primary method of data collection in this study. This technique allowed the researcher to focus on the area of interest while granting the participant flexibility in describing personally relevant experiences (Field & Morse, 1985). The time and place of the interview was mutually convenient. All the antenatal interviews in this study were conducted face to face. Three of the participants chose to have the two and six week interviews done by telephone because they found it more convenient. The four other participants had all the interviews conducted face to face. Whenever possible, participants were interviewed alone so that data was collected from the emic perspective without the influence of other individuals. One of the participants had her husband present during the six-week interview and the researcher found that the interview was shorter in length but that he only responded on two occasions to questions his wife asked related to the past breastfeeding experience. All interviews were audiotaped and transcribed verbatim.

At the beginning of the first interview with each participant, an explanation for the

study was given and written informed consent was obtained (Appendix C). Biographical data was collected at this interview. The second interview was at two weeks postpartum. Two weeks was chosen, as this is the time when the breast milk supply has been established and breastfeeding women begin to see a pattern in the frequency and duration of breastfeeding. However, this is also a time when the infant has a growth spurt and women may have questions and uncertainties about feeding their infants. Two of the participants had the second interview later than two weeks postpartum. One interview was conducted at four weeks postpartum and the other at five weeks postpartum. Both of these participants had been on a family holiday and this was the most convenient time for the second interview. The third interview was planned for six weeks postpartum. One of the participants requested that the third interview be postponed until seven weeks as her husband was still on parental leave prior to that. She wanted to be able to tell her story of what it was like to be a breastfeeding mother and have another child at home after he had returned to work. This same mother was interviewed at 5 weeks postpartum for the second interview.

The questions during the interview progressed from general to specific allowing the participant to discuss breastfeeding from her perspective without interference from the researcher. Participants did not appear to have difficulty answering the questions or expressing their opinions to the researcher. More specific questions were utilized to enhance clarity and depth of information during the interviews. Questions were changed or added as analysis occurred, and new conceptual themes were identified. Morse (1994) states that successful researchers are well prepared in their topic of interest, so they are sensitive to subtle clues in interviews and latch on to these clues, and follow leads.

Verification of data occurred throughout the interview process and was cross-checked constantly by reviewing notes and other data (Morse, 1994). Field notes were completed immediately after each interview. These notes recorded the context of the interview and nonverbal behaviors of the participant so that richness can be added to the data (Fetterman, 1989). Interviews were transcribed as soon as possible, categorized, and coded so they could easily be retrieved (Cobb & Hagermaster, 1987).

The researcher kept a personal diary to record thoughts and feelings so that she could bracket potential biases about breastfeeding that may have been influenced by her previous clinical and personal experience. Memos were kept to document how and why decisions were made and the researcher's interpretation of the data. This paper trail provides an adequate amount of evidence for others to reconstruct the process by which the researcher reached her decision. This adds rigor to the study (Rodgers & Cowles, 1993).

Data Analysis

Data analysis began when data collection commenced and continued throughout data collection (Morse, 1994). The researcher completed twenty-three interviews with eight participants. Interviews were tape-recorded and transcribed verbatim by a typist. All the data can be easily retrieved, cross-referenced and identified in a manner so it could be linked to the original source. Each participant's transcript was coded by color and number that identified the source of the data.

Ethnographic analysis consists of the search for the parts of a culture, the relationship among those parts, and the relationship of the parts to the whole (Spradley, 1979). Analysis consisted of reviewing field notes and interviews to search for key words

or phrases and to search for relationships among these words. Key words and repeated words were identified in the data, for example 'time', 'support', and 'comfortable'. After coding these key words, the researcher studied the data to discover similarities in these relationships that then became larger units called domains or categories. These key words were arranged into categories by commonalties in subject matter, for example balancing the needs of two children, identifying sources of support that they needed to succeed, and renewal of interest in breastfeeding by the first child. As the interviews progressed the researcher used the data collected from interviews with other participants to validate the categories that were developing.

The researcher used a cut and paste approach to organize the data. Pertinent sections of quotes were cut and pasted in the identified categories. The codes, usually encoded in native terms, changed as more data was collected. Some codes did not work or decayed, while others flourished. Professional experience was one code that collapsed and became a factor that strengthened the mother's commitment to breastfeeding.

Domain analysis continued as new data was collected from interviews. The factors that lead to breastfeeding a second infant included being pregnant, a mother's knowledge from reading about the benefits for the infant and herself, personal knowledge and a practical focus gained from breastfeeding her first child, and breastfeeding being the accepted social norm in her family. The relationship of these factors became identified as the major category causal factors.

Thematic analysis involved a search for the relationships among domains and how they are linked to the experience of breastfeeding a second infant. Common themes, such as benefits to mother, benefits to the infant, and past experience explain how the domains

are connected in the lives of the mothers and were used to understand the breastfeeding mothers' perspective. Three major categories were identified which provided a description of the experience of breastfeeding a second child. These categories were causal factors, influencing factors, and consequences of the breastfeeding experience.

Reliability and Validity

The value and credibility of scientific research is dependent on the ability of researchers to demonstrate the reliability and validity of their findings. Validity is concerned with the accuracy of scientific findings. "Ethnographic validity is testing one source of information against another to strip away alternative explanations and prove a hypothesis" (Fetterman, 1989, p. 89). The truth value or credibility of a qualitative study resides in the discovery of descriptions or interpretations of the topic so that people having the same experience would immediately recognize as their own (Sandelowski, 1986).

In this study, several strategies were used to promote credibility. The participants were interviewed on three separate occasions that allowed for verification of the data. Field notes and a personal journal were used to bracket researcher biases. Field notes were used to record the researcher's thoughts and ideas about emerging key words and categories. These notes were used to reflect on the data collected, the non-verbal communication of the mother, to validate mother's comments with observations, to note the physical environment, and any other factors that may have influenced the interview in order to add to the richness of the data. All of the mothers used words like natural, practical, easy, and comfortable when they described the breastfeeding experience with their second child. The field notes validated this data as two of the mothers appeared very

relaxed and comfortable as they breastfed their infant during an interview.

Reliability refers to the consistency of information over time (Field & Morse, 1985). It is important to have documented in memos and field notes how and why decisions were made during data analysis so the decision or audit trail provides a potential framework on which other researchers can retrace the decision pathway. Auditability is the ability of another researcher to trace the decision pathway. Tape recording of the interviews and writing notes and codes on the written transcriptions were used so that an independent researcher could audit the findings in this study. Fittingness refers to the 'fit' or applicability of the research findings. In addition to identifying themes that are common, negative cases or exceptions were considered so the research conclusions represent all of the participants' experiences. Qualitative research emphasizes the meaningfulness of findings, or confirmability. Confirmability "is achieved when auditability, truth value, and applicability are established" (Sandelowski, 1986, p. 33). When the findings of this study are known to be useful then confirmability will be established.

Ethical Considerations

Ethical approval for this research study was granted by the Health Research Ethics Administration Board (Appendix H). Site approval was also obtained by the Patient Care Director of Women's Health Program in one health region of Alberta.

Eligible volunteers were provided with a copy of the information letter and had an opportunity to ask questions (Appendix B). Written informed consent (Appendix C) was obtained at the first interview. The consent form was written at a readability index of grade 6.8 level as determined by the Right Writer computer program. The participant was

given a copy of the information letter and the informed consent for her records.

Confidentiality

All data is kept in a locked cupboard and was accessible only to the researcher. Informed consent forms were stored separately from the audiotapes, written material and transcripts. The data will be kept for a period of seven years as required by the University of Alberta. Participants were told that ethical approval must be obtained before the data may be used for further studies.

Anonymity

Only the researcher knows the identity of the participants. Pseudonyms were given to the participants during the course of the study and only this pseudonym appears on tapes and transcripts. The transcriber and the thesis supervisor are the only other individuals other than the investigator, who have access to the tapes and transcriptions. One member of the thesis committee read one of the typed interviews.

Six of the participants expressed an interest in receiving a summary of the study results. Participants completed the bottom section of the consent form (Appendix C) so that the researcher can forward study results upon completion and acceptance of the research study by the thesis committee members.

CHAPTER IV: FINDINGS

Clearly the experience of breastfeeding a second child is a dynamic and interactive experience between the mother and her infant and the family. Seven mothers shared their breastfeeding experience and used this opportunity to tell their stories of the challenges, joy, and satisfaction of breastfeeding a second child so other mothers could learn from their experiences. While each mother's experience was unique to them, common themes were identified through analysis and are described in this chapter.

Three major categories were identified which provide a description of the experience of breastfeeding a second child. These categories were (1) causal factors, (2) influencing factors, and (3) consequences of the breastfeeding experience.

During the antepartum interview all the mothers focused on the breastfeeding relationship with their first child and spent a great deal of time describing that experience. The reality of breastfeeding a new infant and the development of a practical focus was identified at the 2-week postpartum interview. The second interview tended to be shorter in length and several of the mothers were aware of the change in themselves and a change in how they saw others react to them breastfeeding. At the last interview the mothers were inclined to talk at length about their breastfeeding experience over the last 6 weeks and all the mothers recognized the importance of having support. The text includes descriptions of the mothers' ideas and verbatim quotations in order to capture the spirit of the mothers' perspectives. Fictitious names were given to each mother: Ann, Barb, Cathy, Diane, Emily, Fran, Gail, and Helen. The data are identified using the notation (Ann, 1, line number), which identifies the participant by her fictitious name, interview number, and line number(s) in the transcript.

Causal Factors

All the mothers made the decision to breastfeed their second child during their pregnancy. Mothers described how their first experience of breastfeeding was based on a theoretical perspective of how they expected the experience to be and how they just knew it was right from the reading they had done. Cathy and Diane talked about the reading they had done in deciding to breastfeed their first child.

> My friend in Calgary sent me a book 'The Womanly Art of Breastfeeding' and I did a lot of reading. I'm not a borrower so I went and bought the book for myself and sent hers back. (Cathy, 1, 39-43)

> I was determined, not apprehensive, but determined the first time to get the information so that I would be successful. (Cathy, 3, 1304-1307)

> Um, and you wonder all the things that you're doing wrong. Am I holding him wrong? Am I doing this wrong? Should, you know, should this, this, this. Anyhow, breastfeeding was one of the few things that just held him through because I knew that breastfeeding was perfect. And I never had to wonder, is the formula right? .... is it, is he allergic to it? Is it too hot? Is it too much? Have I given him little? Because I read enough and I knew enough to know for sure that, that was perfect. (Diane, 1, 61-74)

The decision to breastfeed a second time was based on their knowledge but included a more practical focus. Ann, Barb, Emily, Fran, and Gail talked about the experience as not being as straightforward as they anticipated, but this time they knew what to expect and were ready to accept whatever the experience would hold.

> I have experience and I just know that it'll take two or three weeks probably to get going and that's okay. Whereas before I had this vision, well, I have this knowledge so I should be able to get things moving a bit faster. (Ann, 1, 262-267)

> In retrospect, I was kind of a, a little bit of an over achiever. I, I think if I would have just been more relaxed, he would, not that I wasn't relaxed, but I just wanted him to nurse the first time. And not to have any problems. I would of just kind of let him learn how to do it, it wouldn't have been a problem. (Ann, 1, 53-62)

> A baby thing. Each baby is different. (Barb, 1, 460) But I do think that breastfeeding has an effect on that. (Barb, 1, 464-465)

> Exclusively breastfeeding ... sometimes breastfeeding several times during the day ... am I comfortable with this? At first I was uncomfortable, then after a while I just thought if someone sees a nipple then they see a nipple. You get more efficient. You feel more comfortable with yourself. (Emily, 1, 379-387)

> Yeah. Well it changed over time because I breastfed for nineteen months, so, um, I guess at the beginning um, it, I didn't have any problems. Really, it, it was fine. (Fran, 1, 24-29)

> And that's where I got most of the information from but it's very different from actually doing it. (Gail, 1, 272-274)

> Yes. And I did keep pulling those books out and thinking, what's different here from what I'm doing. Why, why is it not working? (Gail, 1, 278-281)

Ann talked about her expectation the first time of being the leader in the breastfeeding experience but now, after having experienced breastfeeding she talked about being much more relaxed about her baby taking the lead.

> Well I'll just let the baby be the driver a little bit more, instead of myself. (Ann, 1, 87-89)

> Yeah. So I'll just let the baby be a little bit more of the boss. (Ann, 1, 109-110)

When six of the mothers talked about the reading they had done, they specifically referred to the benefits of breastfeeding for themselves, their family, and their child.

> So, there's a lot of benefits for me too. It's not just him. (Ann, 1, 192-193)

> When, when he was born, we, we knew we were going to breastfeed him simply because of the fact that the cost of formula, baby food and all of that was just too outrageously high. We lived in B.C. on Vancouver Island, so it was even higher than most places. (Barb, 1, 20-26)

> Well I was um, very keen to breastfeed. There is a strong family history of allergies including anaphylactic reactions so I did some reading from the allergy and asthma society. Lots of benefits for the baby in helping to prevent allergies. (Cathy, 1, 20-26)

> I breastfed for a long time even when I was first pregnant as I had read it helped reduce morning sickness. I had morning sickness throughout my first pregnancy often vomiting up to ten times a day. I would do anything to prevent that from happening again. I did stop breastfeeding at about two months pregnant and I was only slightly sick. (Cathy, 1, 176-185)

> I guess too breastfeeding reduces the chances of getting breast cancer. (Cathy, 1, 236-238)

> And research is still pulling up more and there's no down sides to breastfeeding a child. I just think that it would be really sad to deny a person that, that amazing health advantage for their whole life. Not just for their first few years. But I mean, it correlates with you know, heart attacks. Statistics and middle age and it correlates with all kinds of things like, it's just so incredibly feeling…(Diane, 1, 644-654)

> I really didn't want to start him off on formula because I knew all the benefits of breastfeeding versus formula feeding and I just wanted to give him the best start that I could. (Gail, 1, 34-39)

Four of the mothers talked about breastfeeding a child as the social norm in their extended family and in combination with their life experiences they felt breastfeeding was a sound decision to make.

> And if I would have been ten years younger I don't know if I would have nursed my baby, but being a little bit older, and just having a little more knowledge… (Ann, 1, 327-331)

> Um, my mother was very good about it. My mother had breastfed all of us. (Diane, 1, 273-275)

> My mom had four children. She breastfed all of us. To me, I looked at it like, that's the natural way. (Emily, 1, 19-22)

> There's no one in my family who has bottle-fed. (Fran, 1, 352-353)

Influencing Factors

All the mothers talked about those factors that influenced their decision to breastfeed. The themes that appeared in the stories the mothers told included the first experience, the behavior of the first child, the way it is, commitment, and their perception

of the support they would have in breastfeeding a second infant.

The First Experience

All the mothers had vivid memories of their experience of breastfeeding their first child. This experience was the influencing factor most talked about by all the mothers especially at the first interview and was the strongest element in their decision to breastfeed their second child. Even if they had difficulties or challenges with breastfeeding the first time, all the mothers were absolutely certain that they would breastfeed their second child.

> Everything that I remember. I mean, I'm sure that there's going to be some things that are different. But everything that I remember about breastfeeding T., I'm looking forward to. (Barb, 1, 679-684)

> I'm going to follow the advice from the asthma and allergy association more closely this time and avoid milk, peanuts, shellfish in the last part of my pregnancy and not to eat them during the time I'm breastfeeding the baby. (Cathy, 1, 220-225)

> And I think that breastfeeding my first child was the most positive thing I got out of having the child. Um, it was, it was it worked wonderful for us. (Diane, 1, 12-16)

> I waited ... but it's not a textbook thing. (Emily, 1, 206-207)

> I honestly didn't enjoy breastfeeding until she was a year old. (Fran, 1, 93-95)

> You know, there were times when I would cry through the breastfeeding because it hurt so much. But I just knew that that would be resolved and that it would be okay after that. (Gail, 1, 29-33)

Five of the mothers talked about how breastfeeding created an attachment with their child and described in their own words an intimate bond.

> And it's more a closeness than the nursing itself. (Ann, 1, 168-169)

> Yeah. He'll say nursy upstairs in your room. And we'll lay down for about five minutes and just cuddle and it's a time when I can kiss him and hug him. (Ann, 1, 184-188)

> I think, I would, I would describe breastfeeding between me and T. as, uh, a bond. I know, I know from scientific studies that have done, done before that, kids who have been breastfed, which is also part of the reason why I wanted to feed him, are chemically closer to their parents. (Barb, 1, 282-289)

> It was a real good experience breastfeeding. It is really satisfying to have your son finish breastfeeding and say 'happy' or clap his hands. (Cathy, 1, 129-132)

> Um, okay I'm not nursing now but there's a really special bond. There's a special, wonderful way you feel when you're looking down at your baby on your breast that, you get some of that when you're holding a bottle and looking at your baby. But I mean, you got the oxytocin going for you, you got the prolactin, you got, I mean it's a, it's fun. (Diane, 1, 661-670)

> But long before that I knew I was going to breastfeed. I took the time off work, I wanted the time to just bond with her. (Emily, 1, 370-373)

Several of the mothers began to compare the experience of breastfeeding between their first and second child even before the birth. They talked about how they believed the experience would either be the same or different.

> Yeah. But, yeah, I think that it will be different with this one because I do have another child to look after. So, we'll see how that goes. How that changes. (Diane, 1, 493-497)

> Newborns are so demanding. They're not really good at what they do, I mean they're good but, toddlers are, they really know what they're doing. They get to business. They finish their business. They're, you can have a conversation with them when they're nursing. You can, you can just say, you know, in the middle of the night, you're crabby, let's nurse, you know. Or, I'm tired. Why don't we both go to bed. And there's never any resistance. And I just think, I, it's such, it's going to be such a difference. (Diane, 1, 682-695)

> I started reading and, and doing it. Uh, I, I haven't even thought about pulling those books out again and reading them because I feel like I know what I'm doing this time. (Gail, 1, 327-331)

In talking about their breastfeeding experience the first time, mothers began to link their thoughts of that experience with some of the strategies that they had used to cope with the demands on them because they were breastfeeding. Several of the mothers talked specifically about strategies centered on bedtime routines and sleep.

> Because bedtime, you know, it's, to me, it's not even just breastfeeding. It's taking the time out to just like, when I breastfed T. at night. (Barb, 1, 487-490)

> So we slept with him in our bed. It was very nice you don't really have to wake up and you can nurse your baby. Everybody gets more sleep. (Cathy, 1, 83-87)

> I plan to have the baby sleep with us again as it was a great experience. (Cathy, 1, 229-230)

> Greatest mistake should have gone home and not to grandma's ... at about 5 p.m. she was up and she wanted to nurse almost every 1/2 hour through the night and there were periods where she would fall asleep and rest and I would take her and S. would take her and we would get into bed for not even one minute and she would start crying and it seemed it was the only thing that would console her to get back to sleep. (Emily, 1, 251-261)

> I think I was, well I think I was just really lucky in the whole breastfeeding thing, as far as, you know how I am saying, I nurse her to sleep. (Fran, 1, 649-652)

One significant part of their breastfeeding experience that the mothers described was their feelings about breastfeeding in public the first time.

> Yeah, it was, I was worried about people looking at me, going oh. (Barb, 1, 227-228)

> So I went and fed him in the corner and everything was fine and then it was just…after that, like after initially feeding him in the mall, it was like, I'm feeding him. If you've got a problem with it, don't watch. You know. (Barb, 1, 122-128)

> I did find that it took a lot of time out of my day and it seemed to take a lot of freedom away because I didn't feel like I could go out anywhere and when I did, I felt really uncomfortable about feeding him in the mall or at restaurant. (Gail, 1, 45-51)

> People would always be looking, but uh, I tended to get over that after a few months and started going out more and feeling better about it.
> (Gail, 1, 51-55)

> I had to put like two or three pads on each side and that was another reason why I didn't want to go out in public and felt real isolated at home.
> (Gail, 1, 568-571)

Behaviour of the First Infant

As the mothers talked about the experience of breastfeeding their first baby they all talked about the behaviour of their infant. This link was tied to the decision to breastfeed again. All the mothers discussed their previous breastfeeding experience, while some of the mothers hoped the breastfeeding experience and the behaviour of their second infant would be like their first, others hoped the behaviour of the second child and the experience would be different the second time.

> He was born, we seemed to be a pair, we didn't have any trouble. He nursed I lactated, no problems. Everything, I mean, it just worked.
> (Diane, 1, 19-21)

> He never refused nursing and he was always um, early on it was about hour and a half to two hours and that went on for a long time…
> (Gail, 1, 342-345)

> Like, I guess that, it wasn't that I didn't enjoy it. But I really, I, I didn't, I guess I start, I didn't mind it but, I really enjoyed it a lot more after she was a year old. Uh, I guess it was because, part of it, well, when she was about four months old, she start, she, part of it was my fault too. I would uh, she'd only breastfeed lying down. (Fran, 1, 174-183)

> I'm, I'm hoping. I'm not, I'm not going to go so far as to say, um, I, I don't expect this baby to be colicky and I expect this baby to sleep through the night…(Barb, 1, 451-456)

> She never rooted. She never cried. She did nothing. She just slept. So I had to wake her up and I just kind of went whenever my breasts were really full and sore. (Fran, 1, 57-61)

Several of the mothers talked about the baby and described the baby's behaviour in

relation to how they latched on to the breast.

> He did fairly well after he learned to latch on. Gained weight really quickly. (Gail, 1, 336-337)

> Oh, just like I put him on the breast and he nurses and it doesn't hurt and you know, and, like he knows how to latch on. (Ann, 1, 277-280)

> I wasn't experienced getting her on the breast. The first few times she got on the breast she was sucking on the nipple. (Emily, 1, 310-313)

> You work together more. I think that you both are experienced...At the beginning it is so awkward and the baby isn't latched on correctly and at the end. I just used to marvel at 6 weeks I felt as comfortable as she. (Emily, 1, 393-399)

The Way It Is

One of the mothers talked about being influenced by seeing other women breastfeeding. Just being around other women who were breastfeeding was an important factor in her decision to breastfeed.

> Um, I think one of the things that was most helpful to me in preparing for breastfeeding my first child, was watching other people ... I find in E. and in this part of the world here, western world, which is not where I had J. that it's always done so secretly, it's always done at home, or you know, it's always done discreetly or you know, mom's make sure they nurse their babies before they go to a parent and tot thing or whatever. That you don't see a lot of flesh in action. And I saw a lot of flesh in action, and it's just so helpful because you can see that they squirm or that they latch on or then latch off or that they get distracted or, all those things that... (Diane, 1, 120-137)

> And I do, it's interesting because I've seen some videos about breastfeeding newborns, and I've been attending some LaLeche meetings and watching people breastfeed newborns or young children and I think, ahh, a newborn. (Diane, 1, 670-676)

However, one mother whose career is supporting breastfeeding mothers, made a statement with another point of view. Being in the company of breastfeeding mothers does not necessarily have the same influence on everyone.

> Yeah. But I know of some people who are nurses and who are actually lactation consultants where it's (breastfeeding) not always a given. (Fran, 1, 373-376)

Commitment

Five of the mothers said they had never made a conscious decision to breastfed, for these mothers there just was no other option.

> And I think what got me through it was, I just had a real strong desire to nurse him, I did. There was no alternative for me. (Ann, 1, 23-26)

> Has just made me really strong and very um, pro breast-feeding. Like, I'm very pro breast-feeding. I don't know why people don't nurse their kids. (Ann, 1, 342-345)

> And, I have, it's, it's not an option for me not to nurse. I, I am so sure and I feel so very convinced about it. (Diane, 1, 707-709)

> And, you know, I just, I, I, I guess I never considered doing it any other way. So we took, my husband and I took prenatal classes and breastfeeding was for one hour. (Emily, 1, 35-39)

> I wouldn't. I wouldn't of thought anything else. (Fran, 1, 339-340)

> I definitely didn't even think about formula feeding. Just because like I said before, I know about the benefits and I don't see why I wouldn't do it if I can. (Gail, 1, 157-161)

The confidence that mothers felt that this was the right thing to do was clearly expressed in the words of one mother.

> That there were no problems. And, so whenever something went wrong, I would often nurse. Many times, I didn't know what the problem was, but I often know the solution was to nurse. And you can't force the baby to drink more than they want to drink. (Diane, 1, 78-84)

> I mean you can never over nurse the child. And so, it was so great to have this one thing that I was absolutely sure was always right. And even when you question all the other things, you never questioned that and I always knew that, that I would never have to worry about it. That it was right. (Diane, 1, 89-95)

Perception of Support

All the mothers talked about the significance of support the first time and the relevance that support had in considering breastfeeding their second infant. Their recollection of support and their perception that the support would continue or be there again when they needed it was an influencing factor in the decision to breastfeed their second infant.

> That's, I think everyone needs to know that it's three in the morning or three in afternoon and you're at your wits end and it isn't working, where are you going to turn for support. And if you don't have that, you break down and scream and run to the store and buy a bottle because you've got to try something. And so it's very helpful for mom's first, second, third, fourth time, to know, who are you going to call when you run up against a problem. Not that the problem, I mean, it's normal that you're going to have some issues. (Diane, 1, 743-757)

The mothers were able to identify who were their sources of support and described the strength of that support. Four of the mothers identified their husbands as their primary and strongest source of support and indicated that this was the most important for them.

> So I just had a lot of support from some colleagues and my husband has been, always been very supportive. He never once said to me, 'Why are you doing this?' He just always said, 'It will get better' and it did. (Ann, 1, 28-34)

> As soon as B. took him. He stopped crying. I was like, you should be the one breastfeeding him (laughs). He likes you. But, uh, so yes, so then we took him home and, you know, Grandma's and everybody would do the, oh, can you handle it? Are you okay? I'm fine. So we breastfed him for the first three months, which was fine. (Barb, 1, 100-108)

> Um, and my husband was fantastic. He was just very much like, that's what you're going to do, and if I ever had any doubts, he just said, but D. you know it's the right thing. I mean, there was no great discussion. It just was. (Diane, 1, 279-285)

> S. (husband) was extremely helpful we were both up during the night during those 3 weeks ... we would walk. (Kim,1, 295-297)

Other sources of support were family, friends, informal support groups, and some specific health care professionals. Community health nurses and only some of the nurses in hospital were seen as helpful.

> So this time, um, I mean I know a lot of the nurses out at this health center cause I work here and I know most of them are very supportive of nursing so… (Ann, 1, 197-201)

> I went to the new mothers group at the community health center and met lots of mothers there. They are a support to me. (Cathy, 1, 136-139)

> I had gone to a LaLeche Meeting so I could put a face to a name so if I needed help with some of the questions with breastfeeding I would know someone. (Cathy, 1, 113-117)

> One of the things that um, surprised me was how many of my friends, my female friends were now interested, asked me, very directly and with sincere interest in the first few weeks or so, how the breastfeeding felt. And I was so pleased that I was getting that support. (Diane, 1, 22-29)

> And so people, didn't say, oh, I hope it's going well. Or I'm sure everything's okay. Or not mention it at all. You know, so I mean, I must of had in the first week, eight of my friends with preschool kids say, how is breastfeeding going? And I thought that was wonderful. If I had, had problems there would have been people who were willing to, to talk about it. Not just have them brush it off. (Diane, 1, 36-47)

> Then the public health nurse came out, I think two days after, a day or two after and she was quite helpful. (Gail, 1, 85-88)

> And, I remember, my mom was there during the delivery and she tried to help me start the breastfeeding right when they gave me the baby and the nurse was there, and kind of helped me position him. (Gail, 1, 475-480)

Several of the mothers talked about not hesitating to reach out for support in those situations when they needed it and identified some of the resources they knew about.

> I would probably choose a lactation consultant cause I think it's somebody who maybe is more committed to breastfeeding just because they've taken a course, but um, it wouldn't have to be a lactation consultant. (Ann, 1, 213-218)

> Most of the community health nurses are lactation consultants and they are a good resource. There is a hotline number to call at the community health center. (Cathy, 1 143-147)

> I thought maybe the public health nurses would be more knowledgeable about it. I'm not sure why I thought that. (Gail, 1, 429-431)

> I think I felt better after the visit, but I still had the really sore nipples so I did call the uh, I don't remember what it was called, Healthy Beginnings line or something. (Gail, 1, 111-115)

> I did have one sister-in-law that has three children and she breastfed them for a very long time and did really well with it and I did talk to her. (Gail, 1, 520-524)

The mothers also talked about those people who supposedly were sources of support but in fact, the mothers said they were not supportive. Several of the mothers talked about the nurses and physicians not providing support for breastfeeding. One mother was still so angry with the nurse who actively tried to encourage her to bottle feed her infant that she mentioned it at all three interviews. This mother was still distressed about the lack of support for breastfeeding she received in the hospital and had arranged to have a doula at the birth this time. Another mother actually referred to the negative support and bad advice she received from a physician.

> And she was trying to convince to me, I think it was the night before, she was trying to convince me to give him formula. And I knew, you know, it must have been the night before, because I remember the next day thinking, you know, here I was on painkillers, morphine, to try and convince a drugged up woman to do something that a doctor has told her not to do. Like, cause the allergist says, don't give him formula. And um, so I was really quite furious. (Cathy, 2, 141-153)

> Um, and, so they couldn't answer very many of my questions. And even the doctor, I remember him saying, um, well you know, he said, I guess there are two approaches to breastfeeding. One is, you can let them nurse for as long as they want and the other one is you can let them nurse for ten minutes on each side and they'll eventually learn to get what they need to get in that period of time. And I thought, so I, but I did, and I think that was bad advice. Um, because he was advocating the second option, clearly when he spoke. (Diane, 3, 713-727)

In general the mothers did not get the support they needed from health care professionals in the hospital.

> It's one o'clock in the morning. I'm not used to this. She (nurse) says, well, do you just want us to bottle feed him. I'm like, no, no. I can do this. So that was fine. (Barb, 1, 58-62)

> The other nurses were all experts and they all told me different things. I'm not sure I would have continued breastfeeding if it hadn't been for the first nurse. (Cathy, 1, 60-64)

> I maybe saw the nurses twice in the whole time, because they came in to check and I called them in once to help with the breastfeeding. (Gail, 1, 72-75)

> Uh, I think it would have helped if I would have had more assistance in the hospital. I mean, I didn't, I guess I didn't ask enough for the help. I asked once and she came in and seemed very busy and left again. And uh, I still didn't feel right about, so, but I just thought, well I'm going to be out of here soon and I'm sure somebody can help me at home. (Gail, 1, 398-407)

Consequences

All the mothers talked about the consequences of breastfeeding a second infant. They described how relationships were defined and redefined in their family, characteristics of the second infant, the first child's renewal of interest in breastfeeding, the reaction of the older child to their sibling and the breastfeeding experience, balancing needs, time, strategies used to help with time management, and identifying underlying sources of support that they needed to succeed.

Defining and Redefining the Relationship

All the mothers used words like natural, practical, easy, and comfortable when they described the mother infant relationship. Even though they had previously breastfed an infant they all expressed how it felt and what the experience was like this time. The behavior of two of the mothers supported just how comfortable they were with breastfeeding, as they fed their infant during the interview.

> Well, nursing her is so different. I feel like I've changed from political to practical. Like, why? Why would you do anything else? It's so convenient. It's so simple. (Diane, 2, 42-47)

> And so it was just much more comfortable, I'd just sit up. And then also being a first-time mom, and a first baby, you're so concerned that you know, uh, checking the diaper, checking you know, ... is there pooh, is there pee? (Emily, 2, 104-110)

> I mean it's just, it's very natural. It's just fits in very natural to our family. (Emily, 2, 214-216)

> Just, it's always there. It's always sanitary. It's always in perfect condition. Perfect packaging. Everything. (Diane, 2, 90-93)

In defining their relationship with their infant, mothers talked about the renewed commitment and confidence they felt. All the mothers were prepared to let the relationship develop in its own time and way. The mothers talked about the changes in the relationship over six weeks and how they expected changes to continue.

> It feels like we started all over again. (Barb, 2, 868-869)

> And you have to really keep your eyes on that and keep your mind set; this is a short time. You know he is going to grow, he is going to fit more in. (Emily, 2, 406-409)

> You just have to be, I don't know, for me, I just, I know there's so many benefits to it, so it's worth it. (Ann, 3, 513-515)

> But, confidence. You know, like, am I doing the right thing. Should I worry about this? Are they gaining enough? You know, are they sleeping too much? Are they sleeping too little? Am .... and confidence and like with her, I'm .... I know she's not going to die. I know if she needs something, she'll figure out how to tell me. I'm more intuned with cues. (Diane, 3, 512-521)

> But I guess you just kind of take the, or at least I have, I thought okay, well, there's going to be days like this. But they're not bad. Then it, you know, it's not always going to be like this. (Emily, 2, 393-398)

> I think that uh, like I said, I have come to accept that this is what is was having a small baby around and that things will get better and not get worse, things kind of goes on and it's just part of being a mom and uh, that's just fine with me now. I just, I don't feel tired... (Gail, 2, 547-555)

Characteristics of the Second Child

All the mothers tried to judge their breastfeeding experience and related the characteristics of their infant to their perception of success or lack of success. Just as the mothers had talked about the behavior of their first child in relation to how the infant had latched on to the breast, once again the mothers discussed this same behavior and praised the child's ability.

> Well this guy's a guru about breastfeeding so it's gone really well. (Ann, 2, 19-20)

> Oh, yeah. Like totally. I was thinking, oh, I've done this before, you know. Not a problem. And then I got her and it was like, okay. Big mouthfuls, because I remembered that part. (Barb, 2, 17-22)

> Oh, she was born knowing exactly what to do. It was just great. I didn't have sore nipples or anything. She latched on perfectly the first time and she's been doing it ever since. (Cathy, 2, 11-14)

> And basically he's just done wonderful. Uh, he's always got a really good latch. (Gail, 2, 17-19)

Renewal of Interest in Breastfeeding

In every instance the older child showed a renewed interest in breastfeeding. The

one child that was still nursing showed an interest in nursing more often but this mother had been limiting his breastfeeding to 2 times a day. One of the children had wanted to try breastfeeding again in the early part of her mother's pregnancy but did not ask to do it again after the birth. Even though all the children had a renewed interest in breastfeeding none of the mothers offered or encouraged breastfeeding for their older child. Several of the mothers said that if their child specifically asked, they would be accepting of letting the child try.

> Well, he wants to nurse a lot more of course. (Ann, 2, 67-68)

> B. is jealous because he wants his turn. So, it's like, well hey, you want some, you can have some. (Barb, 2, 149-153)

> I think that he is very interested and he would, if I asked him if he wanted to, I think he would like, nurse again. (Cathy, 2, 411-414)

> No, she's just really wants to help and she pushes his head onto my breast and come on baby,..... you know. And she's, you know, trying, she's acting like a little mother almost. (Fran, 2, 445-450)

> I thought it would be chaos trying the little, uh, the older one under control while I was feeding B. but actually N. has been really great with it. He's very curious as to what I'm doing. (Gail, 2, 62-66)

Reaction of the Older Child

All of the mothers talked about how the older child had adjusted or was adjusting to the new baby. The reactions ranged from mimicking and helping to jealousy and in some cases the beginning of becoming more independent. Some of the children identified quite closely with the breastfeeding experience between their mother and their sibling.

> He feeds his stuffed animals. He's, he's got two babies. When I had A. he had two babies. He changes their diapers and everything and when they get hungry he feeds them. (Barb, 2, 127-132)

> We'll have to see how this gets and how much ...One thing that he has been doing for me, not as much now, but when we first brought her home and she cried, then he would scream. (Cathy, 2, 679-683)

> But also J. always wants her, wants to feed her, he hugs her, he cuddles her, her treats her nicely. (Diane, 2, 348-350)

> Put him away. You know, and ... here we could play lego's. (Emily, 2, 208-209)

> And that's, I mean she even told me she was going to help me do this before the baby was born and you know, but I'm going to change the baby's diaper and, and she, she does help. Like, she gets you know a cloth for me and throws the diaper in the garbage. (Fran, 2, 461-478)

> Um, my toddler has, I don't know what it is, but ever since, your last visit, he has gotten so much more independent and uh, he just plays so much better by himself than he used to. (Gail, 3, 435-439)

Balancing Needs

Mothers often found themselves balancing their attention between 2 children. They talked about their first experience and how they focused on one child. Now they needed to divide their time fairly between both.

> And not really understanding you know, why mom is now having to pick this little baby up and feed him all the time and before it was just very much a one on one. (Emily, 2, 321-325)

> And um, and it's a great time for M. to get into trouble when I'm nursing. I can hear the chair moving around in the kitchen and all sorts of things going on. So, I don't know you just have to really want to do it, to keep doing it. (Ann, 3, 503-509)

> Because if I'm doing it for her, I should do it for him. If I'm doing it for him, then it makes it harder on her. (Barb, 3, 333-336)

> It's very different. Yeah. I haven't, I think I pay more attention to what N. is doing than to the baby. I suppose I feel guilty about that, a lot of the time I do. I noticed that, okay maybe I'm feeding B. ..... and you know playing with N. because B. doesn't seem to need me right now. But when he cries and is hungry and with N. I would be watching him all the time when he was little and I, I'd feel like I needed to take him everywhere with me because if I didn't then he would be lonely and he was just, well he was just a different baby and fussy but uh, yeah, I just spend more time, have to be more aware of what N. is doing. (Gail, 3, 337-352)

The mothers not only talked about balancing the needs of their two children but they talked about balancing their own needs and those of the family and co-ordinating it all in the time available between breastfeeding. None of the mothers talked specifically about meeting the needs of their husbands. All of them however talked about how their husband was a valued support for them and described some of the activities their husband did.

> With her, it's like, oh, precious you're so cute. Okay, hurry up. Hurry up, I've got to go do this. You know. I want to do this. T. is outside, I, I want get the pictures in his photo album before he comes in and wants to help me and, well, I want to do the dishes while is T. is gone or, I've got to get supper going, you know. I've just, there's so much that I want to do that I can't do with her while she's latched on. (Barb, 2, 751-762)

> Well, I had a day a couple weeks ago where, you know, I put my toast down, I think R. was asleep and, and then you know you're getting, first you're getting E. and, and his breakfast ready and then as you put toast down and then something happens with W. so then, you know, your toast stops and it wasn't, wasn't too cooked so that's why I just left it in the toaster and then I went back and put it down again and then I had to go and do something E. again and then, and so I end up having twice toasted, toasted toast and then still not even be able to eat it. So I didn't even get, be able to eat until eleven and I was just starving. (Cathy, 3, 828-845)

Perception of Time

All the mothers described how time was different with this breastfeeding experience. Even though they were already busy with one child the whole sense of less time increased with two. Several of the mothers talked about how much busier it was because they now had a toddler running around the house who needed supervision and an infant

who needed their attention. Most of the mothers described how little time they had for themselves.

> Well it's flabbergasting how much time it takes to nurse a baby. Especially a newborn. (Diane, 1, 384-386)
>
> Uh, it's different (time). Very different. Uh, and I look at that now and I see that more now than I did even with B. (Emily, 2, 270-272)
>
> And to other people who are having children, kind of tell them like, this is a big, big time commitment and that so much else can't be done because you're sitting down to nurse. (Diane, 1, 413-417)
>
> And this time around I knew that I had to expect um, that most of my day would be taken up with taking care of the children. (Gail, 2, 220-223)
>
> But since I'm a stay at home mom at this time, I guess to me, my, my way of looking at it, is right now, I mean I just have no time for myself, you know. (Emily, 2, 226-230)
>
> It's just, it's, I mean, I knew going into this that is was going to be more crunched, time wise, as to where my time was spent and what it was spent doing. But I had absolutely no idea whatsoever that it was going to be so much time for everybody else and so little time for me. Like, really, honestly. (Barb, 3, 336-344)
>
> Like I really never had any time to myself before anyway. But I find, especially now, like my two year old sleeps for an hour or two during the afternoon and that's what I miss now. That I don't get that time. (Fran, 3, 157-162)

Two of the mothers tried to describe the difference as the uncertainty of knowing what to expect the first time and their belief that every cue from their baby needed their immediate attention.

> But that was just because I was really concerned when she cried that even I was listening, even if I had a two minute shower or less, I was, my eyes and ears were perked the whole time. (Emily, 2, 283-287)

All the mothers talked about the actual length of time it took to breastfeed their infant.

> I figured it took about six hours a day. Times seven days a week is forty-two hours, which was more time than I would have spent working, had I been working. So this idea that you were going to have, that not going to work liberated any time was quite wrong because you spent more than that time nursing. (Diane, 1, 398-406)

> He, he nurses' often and it's very time consuming but as far as the mechanics of it, he's got it down pat. (Ann, 2, 41-43)

> Everything just feels more rushed with her. It's like, okay, hurry up, hurry up, hurry up. But she eats more often too, that I remember. (Barb, 2, 169-172)

The portion of the time that mothers are also very aware of is time in the sense that a somewhat predictable pattern of breastfeeding is developing. Even the slightest changes from the hospital to the observations during the first 6 weeks.

> To me it's just really work that much harder at making it a go, because breastfed babies, like throughout the day, he, he might be feeding some days, sometimes every twenty minutes. (Emily, 2, 795-799)

> During the day, he'll, you know, usually eat about every three and a half to four, so…(Fran, 2, 365-367)

> She just, she'll cat nap all day and then she's awake from 7:30 till 11:30. Breastfeeding at night is great, cause I just roll over and here. She eats until she's done and then she goes right back to sleep. (Barb, 3, 24-29)

> But it's so nice not to worry and to just relax and say, see I keep saying, people say how often does she eat or whatever or you know, when is she going to need to nurse again, and I say, I don't know. I mean, you just respond to her cues. And you just respond to her cues and uh, she's like us, you know. Some days you're hungry, some days you're not. That helps me, thinking that. (Diane, 3, 96-106)

Strategies

To help provide some sense of control in their lives the mothers used many different strategies. Some strategies were directly intended to ease the time constraints the mothers were experiencing. Others were used to help balance the needs of everyone in the family, provide flexibility, and make things tolerable.

> Just to read while you're nursing your baby or just let him play with the baby or, we'll just find our own way. (Ann, 1, 247-249)

> Then I'll be able to, once I get a swing, then I'll be able to go more places. (Barb, 2, 253-255)

> I mean, he's been pretty good. And I must admit I use the, you know, the Barney video type things sometimes. (Cathy, 3, 423-426)

> I keep reminding myself, I'm not staying home to be a cook and a housekeeper. We've chosen for me to stay home to give good care to the children. So I'm not going to let the cook and housekeeper get in the way. (Diane, 3, 131-136)

Four of the mothers thought about what they could do to give more flexibility in time for themselves or to reduce the isolation they felt from being in the house all the time. One thing that the mothers talked about was the idea of using a breast pump or expressing breast milk to allow some more flexibility in the time demanded of them. Only two of the mothers expressed breast milk for their baby. The others did not use a breast pump or manually express breast milk but just being mentally prepared or having the equipment available was enough to give a sense of flexibility for some.

> So I actually got the breast pump this time, but I haven't, still haven't washed it or anything yet, but um, and I'd like to try and do that or what I'm even thinking of, I think it's sixty bucks rent a, one from the hospital. I might actually rent one, just for a month, just to get some because I never put E. on the bottle at all. (Cathy, 3, 585-594)

A strategy that several of the mothers used was directly linked to the support they had from their husband. The husband took the lead responsibility of the care of the oldest child and the mother concentrated her attention on the infant.

> But because I have B. at home, there are, you know, we can swap off. (Diane, 2, 342-344)

> After S. was born so, so he, so A. is, is kind of being looked after by her dad a lot (Fran, 2, 402-404) Yeah. It, it would be, because really I'm being a mother of one right now. (Fran, 2, 523-524)

Several of the mothers were trying to adjust to the changes in their own sleep pattern and they tried sleeping with their infant as a strategy that would help them get the sleep they needed. Some of the mothers had used similar strategies with their first infant but for others this was the first time they had tried these specific things.

> What I've been really successful with doing is um, she sleeps between us and uh, with E., he was several months old, like three or four or five before he, I could figure, I figured out how to nurse him lying down. We just didn't manage to do that and you know, well whereas with, with her, she, when she starts to kind of stir she doesn't even really wake up and I scoot up and, beside her and uh, come up, pop a nipple in her mouth and she nurses and does, never fully wakes up. (Cathy, 3, 89-101)

> She sleeps better than I do. She's just fabulous. I sleep with her and I didn't do that with the first baby. (Diane, 2, 599-601)

> And this time, we just take him into bed with us and when he needs to be fed I just kind of roll over and things are done so automatic that you, it's not as, uh, as, not so abrupt. It doesn't uh, disturb his sleep. Like the first one did, so. It's a lot of work, very tiring, but…(Emily, 2, 54-61)

Support

One very significant factor that all the mothers identified as necessary for continued breastfeeding was support. They talked about the reality that only they could breastfeed their infant but support was critical in maintaining it. Three mothers had chosen to have a midwife support them throughout their pregnancy and the birth. Two mothers planned a hospital birth and one planned a home birth. Another mother had chosen to have a doula support her during her labor and the birth in hospital.

All the mothers described the support they received in hospital as minimal and the focus in the hospital was on asking questions and giving information. In the hospital the mothers most often got help only when they asked for it. There were several of the mothers who were visited by the lactation consultant in the hospital but again they said they did not

get the emotional support they felt they needed. It seemed that the mothers did not recognize that they wanted support in the hospital and it was not until they got home that they thought about it in the context of continued support

> I didn't really receive any because um, they just kind of said, the post partum nurses said, if you need any help, let us know. So I knew that if I needed them, they'd be there but otherwise they just kind of let me do my own thing, which I was thankful for. (Ann, 2, 152-159)

> No. No one helped me. No one talked to me about breastfeeding or helped me. (Fran, 2, 607-608)

> Um, well first of all, the hospital wasn't, wasn't very helpful either time. (Emily, 3, 734-736)

> Yeah. Not only the information but the hands on. (Emily, 3, 875-876)

Several of the mothers talked about the negative effect of this kind of support and in some situations information they knew to be incorrect. The mothers made their own decisions based on their own knowledge. Mothers were asking for support for breastfeeding but were getting something else.

> I was actually very, not upset, but, um, disappointed … With, with the way they treat you when you have a second baby. (Barb, 2, 516-517, 521-522)

> I found nurses didn't, in the hospital, very few nurses had much to say about breastfeeding or, and I actually had some discouragement. (Fran, 3, 334-337)

> In to talk to you. So they sent her in to talk to me. And she told me, you know, just put warm cloths, take a warm shower. (Barb, 2, 547-550)

> Uh, the only things is, they, in the hospital they just basically said that there is a lactation consultant available if, if I needed. (Emily, 2, 552-555)

The kind of support that mothers wanted was to hear that they were healthy and their baby was nursing well. They received this kind of support from their midwife and the community health nurses.

> And one of the things that made the big difference this time in nursing and it was about five hours after she was born before both the midwives left, so they spent lots of time with her and I, all those, you know, tidying us up and just spent lots of time with us, and uh, then said, ahh, she's a good nurser and things like she'll help, you know, your uterus get back into shape. And I was really flattered that I was told that she was a good nurser. (Diane, 2, 248-260)

> She (Community Health Nurse) asked me how it was going .... She watched me breastfeed to see how he was latching on and if was taking it in because I was just a little bit concerned because he was actually feeding, he finished a feed and then started again another fifteen minutes later. (Gail, 2, 401, 405-412)

> And so uh, we set that up and, they, the nurse came and, and asked me, you know, about the breastfeeding and. That was the only person and, and my midwife who, the public health nurse and, and my midwife, those were the only two people that asked how the breastfeeding was going. (Fran, 2, 722-729)

> Because mom's not only need the physical, like how's this latch working? They need someone there saying, yeah, look at that. She's doing okay. You know, that emotional support too. (Diane, 3, 966-970)

The greatest support to all the mothers was their husband. Often the support the husband provided was taking the responsibility for the care of the older child.

> Oh, I think it will be wonderful. And I think that, I sort of picture that B. will look after J. and the house and the meals. And I will still have to look after the baby on my own but that won't be exactly how it works out. I mean, there'll be lots of switches in that. (Diane, 1, 529-536)

> You know, and we had this kind of, when S. comes home he gets an earful for that half hour, you know. (Emily, 2, 432-434)

> So when he's around, just for him to do things, like, sometimes, even getting me a cup of tea or just straightening things up. Stuff that I feel like I should be doing while I'm just sitting there nursing. (Ann, 3, 84-89)

The mothers talked about being comfortable with the person who was their support and identified members of their family and others as being supportive.

> And so is all our family. Like, they're really supportive at um, regarding breast feeding. (Ann, 3, 94-96)

> Well I think this time, I didn't get a lot of help. It was more support. People kind of listening to me say, boy, this is a lot. Like a keep saying I forgot how much you nurse a baby at the beginning and how much I just sit here and nurse. (Ann, 3, 185-191)

> I think my years of attending LaLeche League meetings has provided me with more confidence and support. (Diane, 3, 616-619)

All the mothers said they would reach out for support if they needed it. Some of the mothers had searched out someone to help them but in most instances they knew where to go to find the support they needed.

> So it's just, you know, knowing who to go to for the right information. And not everyone can know everything, of course. (Ann, 3, 391-394)

> Trust yourself. Trust yourself. And you know, have someone you feel real confident calling. I think that's a really important thing, is that there is someone that you feel comfortable calling for advice. And I don't think it has to be an expert. I think it has to be someone that that Mom is comfortable with. Someone that mom believes listens to her. (Diane, 3, 1035-1044)

Again with this breastfeeding experience several of the mothers talked about breastfeeding their infant in public. They talked about being more comfortable and confident in the actual process of breastfeeding and if they were comfortable, then usually others were too.

> And with now, um, to me, I, first of all I have more of a relaxed attitude that if somebody does see nipple, well, I'm sure they've seen a nipple before, you know. (Emily, 2, 878-882)

> I'm more co-ordinated to do it and if somebody said anything I would probably move because I don't, I'm not out to make a point but I would just move. I wouldn't go hide in the bathroom or anything. (Ann, 3, 484-489)

One mother felt more comfortable breastfeeding her infant with other members of her family present but she still felt uncomfortable with breastfeeding in public.

> I think it has to do with learning more about the rights of breastfeeding moms and having seen other people do it in between the time of breastfeeding and other family members doing it. (Gail, 3, 236-241)

One of the mothers talked about the public perception of some people that there is an acceptable length of time to nurse a child.

> Everyone's completely and totally accepting of the fact that I'm breastfeeding an infant. (Diane, 3, 801-803)

Some of the practical advice they would give to mothers is to not hesitate to ask any questions and to find out what resources and support are available. All the mothers wanted to give support to other mothers planning to breastfeed a second infant and would encourage any mother to try before considering any other option.

> And um, especially for women, who if they didn't have a great experience the first time to, don't expect it to be the same the second time because babies are so different. (Fran, 3, 496-500)

> I think I'd like other moms to know that uh, it's probably going to be a lot better than they think it will be. .... I know I was very worried about how I was going to do it with two of them and it has worked out so much better than I thought it would. (Gail, 3, 425-431)

Summary

The strongest factor in the decision to breastfeed their second child for all the mothers was the experience of breastfeeding their first child. The commitment and confidence of mothers in their decision to breastfeed was evident. Support was one very significant factor that all the mothers identified as necessary for continued breastfeeding. All the mothers talked about the consequences of breastfeeding a second infant. They described balancing the needs of the family and identified strategies they used to help with time management and to provide some sense of control in their life.

CHAPTER V: DISCUSSION

The purpose in this study was to describe what it is like to breastfeed a second infant. The goal was to gain information that would be of value to health care professionals in providing more effective and appropriate care to meet the needs of mother and child. The information provided by the women who participated will assist nurses in understanding this experience and provide them with guidance in reviewing and developing agency policies that promote and support breastfeeding.

Research findings will be discussed as they relate to previous research and included is a beginning discussion about the experience of seven mothers breastfeeding their second infant and the similarities and differences observed between this group and a mother breastfeeding her first infant. Conclusions, implications for nursing practice, suggestions for further research, and limitations of the study will then be presented. Many commonalties existed in the mothers' stores of their personal experience of breastfeeding so other mothers can learn from these experiences. The research question that guided this study was "How do women describe their experience of breastfeeding a second infant?"

Maternal Biographic Characteristics

All of the mothers had completed high school and six had completed university or college. Six of the seven mothers were in their thirties. The six mothers had an annual family income of greater than $50,000. The participant expecting her first child was also in her thirties, well educated, and had an annual income greater than $50,000. This represents a relatively homogenous group of women skewed toward those with university education and higher than average income.

Maternal age, income and education are variables affecting the decision to breastfeed and influence the length of time the woman will continue breastfeeding. In a prospective longitudinal study these same demographic variables had an effect on a mother's decision to breastfeed (Matthews, Webber, McKim, Banoub-Baddour & Laryea, 1998). Coreil and Murphy (1988) report that the strongest predictor of breastfeeding duration was prenatal intent. All the mothers breastfeeding a second infant had indicated that they planned to breastfeed as long as possible this time.

All seven mothers commented that their husbands were key sources of support. Six of the seven husbands were employed full-time and their financial support may have been a factor in the mothers' plans. There may not have been the need or urgency for these mothers to return to the workplace.

Barb was working part-time hours and had returned to work by the six-week interview. Her husband was a full-time student with funding from compensation benefits. At the six-week interview Barb reported that she was expressing breast milk for her infant. The first time mother, Helen, had documented on the biographical information form that she intended to breastfeed for 6 months. She also indicated to the researcher that this was her goal.

This well-defined time frame may have been related to the fact that she would be returning to work in six months because she was the single source of income for herself and her infant. Comparisons with other mothers breastfeeding for the first time should not be made beyond a participant with similar characteristics. Employment and intention to return to work are reported as reasons for a mother to wean an infant from the breast

(McIntosh, 1985; Morse & Harrison, 1987; Rogers, Morris & Taper, 1987; Van Esterik & Greiner, 1981).

Mothers' Knowledge of Breastfeeding

All the mothers had read extensively prior to the birth of their first infant. This knowledge base combined with actually breastfeeding influenced their decision to breastfeed their second infant. All the mothers had talked about the benefits of breastfeeding. Several of the mothers specifically commented on the benefits to their infant while others talked about this and the personal benefits for them. The first time mother based her decision to breastfeed on the knowledge she obtained from reading and because she had no personal experience with breastfeeding she compared it to an experience that she did know and value.

> Um, I've read some, yes, some articles. There was some different magazines that I've received also, my sister breeds horses, and uh, some knowing that colostrum is really important and the start, we've actually lost horses when they haven't. (Helen, 1, 36-42)

There is widespread recognition that breast milk has benefits for an infant. All the mothers talked generally about the benefits of breastfeeding for the infant, themselves, and their family. The mother planning to breastfeed her first infant, Helen, also talked about the benefits for her infant and indirectly talked about the personal benefit for her by indicating the convenience of breastfeeding. Helen also identified cost as a factor in the decision to breastfeed her infant. Only one other mother, Barb, had specifically described cost as a factor in her decision to breastfeed.

> It's very important. It kick starts that immune system and that's what I would like for my child. (Helen, 1, 56-58)

> You don't have to carry formula and, and uh, certainly cost is, is a factor as well but really, primarily it's health. From what I understand and from what I have read there is no better start for a child. (Helen, 1, 36-41)

The Breastfeeding Experience

All the mothers talked at length about the personal significance of breastfeeding their first child. This was clearly a strong factor in their decision to breastfeed again. The mother's knowledge of the benefits of breastfeeding and previous experience with breastfeeding were reported as factors related to the decision to breastfeed again. It has been reported that multiparous women are influenced by their previous breastfeeding experience (Bloom, Goldbloom & Stevens, 1982; LeFevre, Kruse & Zweig, 1987).

Rutledge and Pridham (1987) report that the first experience of breastfeeding may differ significantly from the second. All the mothers talked about the older child's renewed interest in breastfeeding as a consequence of seeing their mothers breastfeeding again. In this study, four of the mothers talked about their challenges with breastfeeding their first child and that the experience was not what they had anticipated. However, they were just as strongly committed to breastfeeding their second infant as all the other mothers in this study. These mothers believed that the experience changed over time. Fran expressed this clearly to the researcher.

> And um, especially for women, who if they didn't have a great experience the first time to, don't expect it to be the same the second time because babies are, so different. (Fran, 3, 496-500)

Helen who had no previous experience also accepted that the experience might change over time.

> You know, you think you know but of course when the time comes the experience is much different. (Helen, 1, 71-73)

As the mothers described their breastfeeding experiences for both of their children

they commented on the behaviour of their infants. This link between the behavior of the child and the breastfeeding experience was significant in their decision to breastfeed and to continue to breastfeed. Lothian (1995) reports that the characteristics of each baby influence the process and duration of breastfeeding. Several of the mothers described their infants' behaviors in relation to how they latched on to the breast. The mothers commented on the importance between the baby's success in attachment to the breast and successful breastfeeding. The mother breastfeeding her first infant also commented on this factor prior to the birth and after.

> I, my biggest concern is to have that baby latching on right away. (Helen, 1, 103-105)

> She latched on and there hasn't been a problem since. (Helen, 2, 43-44)

As health care professionals we know that the correct attachment to the breast is important in preventing problems and establishing successful breastfeeding. The relationship that mothers associate between this 'latch' and successful breastfeeding in general is unclear. Most breastfeeding problems have solutions. The practice of health professionals is to do an assessment and that often means the ability to measure something. Some health professionals may appear to assess breastfeeding by measuring the time at the breast or the latch. Mothers may need guidance from professionals to see latch as one component of the breastfeeding partnership and not to simply copy the assessment of a factor they perceive indicates success.

Ann, Barb, Cathy, Diane, and Emily talked about the close attachment that breastfeeding had created between mother and infant and described this experience as an intimate bond. Dignam (1995) reports that the mother-infant relationship is characteristic of intimate exchanges and may contribute to the success and maintenance of breastfeeding.

This intimacy was also observed in the maternal infant relationship of the first time mother.

Balancing

Many researchers report that the major concern of postpartum mothers is related to the family, regulating the demands of the family and fitting baby into the family schedule. Hiser (1987) and Moss (1981) report similar results in their investigation of the postpartum concerns of multiparous women. Gruis (1977) investigated primiparous and multiparous postpartum concerns of mothers and reported that over one half of the 40 subjects in her study reported being concerned with the changes in the family relationships. The findings reported by Harrison and Hicks (1983) and Smith (1989) were compatible with Gruis.

In this study balancing needs was an obvious theme reported as a consequence of breastfeeding a second infant. All the mothers discussed balancing the needs of two infants, balancing the needs of the family, and co-ordinating all of this in the time available between breastfeeding. In a first breastfeeding experience the primary concern is focused on the developing relationship with the infant.

All the mothers breastfeeding their second infant had intentionally planned strategies to help provide some sense of control in their lives, balance the needs of everyone in the family, and provide flexibility. Several of the mothers talked about their husband taking the lead responsibility in the care of their older child and the mother focusing her attention on the care of their infant.

All the mothers were very attuned to the pattern of breastfeeding that was developing. They compared the frequency of breastfeeding in the hospital and described the beginning pattern that was developing over the last 6 weeks. In the first weeks postpartum mothers ask questions specific to infant feeding (Gilhooly & Hellings, 1992; Sumner and

Fritsch, 1977). This observation of frequency or pattern of breastfeeding is not specific to mothers breastfeeding a second infant as Helen also talked about this.

> Actually, that's only been the last few days. Because, you know, the first, the first what, um, what Friday, Saturday, Sunday and I guess Monday and Tuesday, uh, actually she was going, like even in the hospital, at one point she even went five hours. (Helen, 2, 385-392)

Support

Perception of support and actual support was one of the greatest factors in all the mothers decision to breastfeed. Four of the mothers identified their husbands as their primary and strongest source of support. Other sources of support were reported as family, friends, informal support groups, and health professionals.

One mother indicated that her physician gave minimal support and was not helpful. All the mothers reported that they got minimal support from the nurses and lactation consultants in the hospital. Hewat (1998) reports in a study of mother-infant interaction during breastfeeding that physicians and hospital nurses were the least helpful professional support.

Mothers described the support of hospital nurses as informational and focused on solving breastfeeding problems. This experience was not different for mothers breastfeeding a second infant and the mother breastfeeding her first infant as Helen had similar comments.

> Uh, she just provided information and that which, it was more actually at my request. (Helen, 2, 180-182)

> And then um, she did come back the second day that I was there and, and answered a few questions… (Helen, 2, 168-170)

In the hospital the mothers were told by the nurses to ask if they needed any help and did get help when they asked for it. Placing the responsibility on mothers to seek out

support in the first 24 hours postpartum is another instance of nurses not giving the support mothers need. Gruis (1977) and Rubin (1975) report that the mother and infant need time to adjust from the intense physical experience of labor and birth. Mothers may not seek the support of the nurses in the hospital, as their immediate needs may be different than those when they are at home. It can not be concluded that they did not want or need support just because they did not ask questions.

Some of the mothers commented on their perception that the nurses were not supportive of breastfeeding and in fact suggested formula feeding for their infant. Whether the nurses believed they were supporting the mother in another way, such as letting her get more rest, is unclear. The mothers indicated they found this confusing and responded to what they believed was non-support by reaffirming their decision to breastfeed. These mothers were confident and committed to breastfeeding and had personal breastfeeding experience as a foundation to strengthen their decision. Social support and previous experience with breastfeeding are specific factors reported in the literature as influencing the decision to breastfeed.

For a mother breastfeeding her first infant this perception has the potential to negatively influence her decision to breastfeed as she has no personal experience with breastfeeding. Helen commented that the nurses provided information about formula feeding and she was unclear about why the nurses did this.

> She (the nurse) said that um, because she was really fussy and I didn't think anything out of the ordinary, um, and she said you know, she said they're not a lot right now. Sometimes a little bit of formula will help to settle them. (Helen, 2, 259-265)…You know, I'm not sure whether it was her being helpful and, and here's you know, here's a solution to your problem. (Helen, 2, 293-296)

All the mothers discussed support in the context of something that was continuous

and that they valued. Community health nurses and midwives were reported as the greatest support. The mothers wanted to hear that they were healthy and their baby was nursing well. Four of the mothers had established a professional relationship with a trusted partner during their pregnancy. Three of the mothers had chosen to have a midwife and one mother had chosen to have a doula support them throughout their pregnancy and the birth. The first time mother has also arranged to have continued support after the birth of her infant.

Some of the mothers reported that community health nurses and midwives observed a breastfeeding interaction between mother and infant and they felt this enhanced the support. None of the mothers reported that the nurses in the hospital had watched a breastfeeding interaction between mother and infant. Even before the birth of her baby Helen had commented on the kind of support she wanted.

All the mothers breastfeeding a second infant talked about being uncomfortable with breastfeeding in public with both of their children. The mother of one infant was the only mother that was interviewed at one week postpartum and she did not comment on whether she had breastfed while others were present. Nurses need to support women in breastfeeding in all of their everyday activities. One of the mothers described the experience for many mothers of becoming more comfortable and being able to initiate breastfeeding in a more coordinated way.

> I'm more coordinated to do it and if somebody said anything I would probably move because I don't, I'm not out to make a point but I would just move. I wouldn't go hide in the bathroom or anything.
> (Ann, 3, 484-489)

A mother nursing her child in public may make some people uncomfortable and health professionals need to consider a variety of ways to support women in our

community ensuring breastfeeding is an accepted cultural standard. Support of all maternal breastfeeding decisions will require a shift in attitude to ensure that breastfeeding is a social norm.

Implications for Nursing Practice

This study provides valuable information about mothers breastfeeding a second infant. Findings should increase awareness of nurses about the mothers' perceptions of the kind and quality of the support that is provided. Nurses need to take a lead role in supporting mothers and not expect the decision for seeking help or asking questions to lie solely with the nursing mothers. Nurses need to provide emotional, instrumental and informational support to mothers. The nurse should provide support not guidance and the nurse's perception of support needs to be confirmed by the mother. Nurses need to assess the mother's feelings about formula feeding. Mothers must be included in the decisions about infant feeding because not listening to the mother's wishes and promoting formula feeding creates anger that lasts long after discharge from the hospital. Nurses need to value the women's comments about their perceptions of support since only by accepting such comments as constructive input can improvements be made.

Mothers recognize the value of continued support throughout the breastfeeding experience. Health professionals need to foster a mother's confidence that the breastfeeding interaction is positive and reinforce the mother's commitment so they are encouraged to continue breastfeeding. One way to facilitate this is to observe the mother–infant breastfeeding interaction and make supportive comments. Mothers want to hear that breastfeeding is going well and compliments on how well their infant is breastfeeding reinforce their confidence. Health professionals need to assist mothers with

recognizing infant cues and behaviors to contribute to a mother's competence and recognition of a successful breastfeeding experience. These comments are the connecting thread of support the mother takes home and links to the support of other health professionals.

The observation of a mother-infant breastfeeding experience would be one strategy to increase a mother's comfort with breastfeeding in public. This time observing a mother breastfeeding her infant would provide an opportunity to suggest strategies on the mechanics of initiating breastfeeding in a comfortable and discrete manner. All health professionals need to advocate for breastfeeding friendly communities and to communicate this message so that breastfeeding becomes the cultural standard that is encouraged and supported. The primary health care model is a useful approach for the promotion of breastfeeding. Individuals, families, and communities need to become more involved and take action on their own behalf by adopting healthy behaviour and ensuring a healthy environment so better health can be achieved. (World Health Organization, 1988).

Indications for Future Research

Listening to mothers describe their experience of breastfeeding a second infant has stimulated ideas for further research. The concept of continuity of care and the relationship between those health professionals that provide ongoing support could be examined in greater depth.

Further investigation on the renewed interest by the older child in breastfeeding, the maternal response to this interest, and beneficial and insightful strategies used in this situation would provide useful information for other mothers.

Investigation of the strategy used by mothers breastfeeding a second infant in negotiating with their husband to take the primary responsibility for the care of the older child while the mother focuses her attention on the care of the infant is needed. The dynamics of this strategy would provide information to support paternal leave of absence and the roles for men in the context of this family structure.

More mothers continue to breastfeed an older child through a second pregnancy and birth. A study on public support and acceptance for a mother who continues to breastfeed an older child would provide the opportunity to develop new strategies that could be used to support and promote breastfeeding communities.

Strengths and Limitations

The sampling method used for this study was a purposive sample of pregnant women who volunteered to be interviewed. Strength of this kind of sampling is that mothers were selected to participate in the study based on their ability to provide information pertinent to the research question. A limitation of this method is that only those mothers who volunteered and met the inclusion criteria were selected to be in the study. Mothers who had discrepant views may not have been interested in volunteering. The mothers that participated in this study were older in age, had higher education, and higher income. Most of the mothers had found additional support, therefore the experience of some women who do not have strong support systems was not represented.

A strength of this study was that three semi-structured interviews using open-ended questions were conducted for each participant yielding large amounts of data. The experience of mothers breastfeeding a second infant was described as a process over a period of 6 weeks rather than a single moment in time. Each interview lasted approximately

45 to 90 minutes.

Interviewing the mothers antenatally helped facilitate the relationship between the researcher and the mother before she became focused on the immediate needs of her infant. The researcher's knowledge and comfort with breastfeeding mothers provided an atmosphere that was supportive and comfortable for the mothers.

Summary

Breastfeeding is a dynamic process between a mother and her infant. Multiple factors influence a mother's decision to breastfeed and to continue breastfeeding. The findings in this study have indicated that the strongest factor influencing mothers' decision to breastfeed a second infant is their previous personal experience with breastfeeding. All the mothers recognized the time constraints associated with breastfeeding but remained completely committed to breastfeeding their second infant.

Support was a very significant factor identified by all the mothers as necessary for continued breastfeeding. All the mothers talked about the consequences of breastfeeding a second infant. They described balancing the needs of the family and identified strategies they used to help with time management and to provide some sense of control in their life.

The information provided by these mothers will guide nurses in promoting breastfeeding and supporting women in their decision to breastfeed their second infant. All health care professionals need to ensure the best possible health for women and children.

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APPENDIX A: ADVERTISEMENT FOR PARTICIPANTS

Women Planning to Breastfeed their Second Baby

Are you planning to breastfeed for a second time?

Is your other child three years old or younger?

If so, would you be interested in talking about your experiences with a nurse researcher from the University of Alberta?

Please call 477-4639 for more information.

APPENDIX B: INFORMATION LETTER FOR POTENTIAL RESEARCH PARTICIPANTS

Project Title: Women's Description of Breastfeeding a Second Infant

Researcher:
Debra Allen
MN student
Faculty of Nursing
University of Alberta
477-4639

Thesis Supervisor:
Dr.Beverley O'Brien
Professor of Nursing
Faculty of Nursing
University of Alberta
492-8232

The purpose of this study is to understand the experience of breastfeeding a second infant. You will be interviewed three times. You must have breastfed another infant and plan to breastfeed this baby. The first interview will be before your baby is born. If there are major complications during the birth of your baby or in the time after the birth you will not be eligible to continue in the study. If there are no complications the other interviews will be when the baby is two weeks old and six weeks old. Each interview will take about an hour. The interviews will be at a time and place that you choose. During the first interview I will ask you to tell me about yourself and this pregnancy. You will be asked to describe your breastfeeding experience in the other two interviews. These interviews will be tape recorded and only the typist and I will listen to the tapes. Your name will not be on the written record. Your name will be removed from the audio tapes. You will be given a make-believe name in the study. Only members of my thesis committee and I may read the typed interviews. I will keep all tapes and reports of your interview in a locked cupboard to protect your privacy. You can drop out at anytime just by telling the researcher. You can refuse to answer any question. If you are interested in being in this study, please call me at 477-4639. After I have explained the study to you, you can decide if you would like to take part in this study.

"If you have concerns about any part of this study, contact the Capital Health Patient Concerns Office, the phone number is 474-8892. This office has no affiliation with study investigators."

APPENDIX C: INFORMED CONSENT FORM

Project Title: Women's Description of Breastfeeding a Second Infant

Researcher:
Debra Allen
MN student
Faculty of Nursing
University of Alberta
477-4639

Thesis Supervisor:
Dr.Beverley O'Brien
Professor of Nursing
Faculty of Nursing
University of Alberta
492-8232

Purpose of the Study: I want to find out what it is like for women to breastfeed a second infant. By listening to women talk about their experience, I hope to understand what it is like, and how nurses can help them.

Procedure: I will talk to you about your experience of breastfeeding your baby. I will ask what you are thinking and feeling about this experience. There will be three interviews and each will last about one hour. The first interview will be in the last month of your pregnancy. The other two interviews will be when the baby is two weeks old and six weeks old. The interviews will be at a time and place that you choose. These interviews will be tape recorded and only the typist and I will listen to the tapes. Your name will not be on the written record. Your name will be removed from the audio tapes. You will be given a make-believe name in the study. Only members of my thesis committee and I may read the typed interviews. Your name, the audio tapes and the written record will be kept in a locked cupboard during the study. The audio tapes will be destroyed after the study is completed. Before the written records can be used for another study, the researcher must get approval from an ethics committee.
I may use some of your comments in the report of this study. I will write the report so others will not know who made the comments. The information found during this study may be published or presented at conferences. Your name or any material that might identify you will not be used. If you have any questions while you are in the study you may contact my research supervisor, Dr. Beverley O'Brien, or me at the given phone numbers at the beginning of the consent form.

Participation: You do not have to be in this study unless you want to be. You can drop out at anytime by just telling the researcher. You can refuse to answer any question. There are no known health risks from being in this study. You may or may not gain anything from this study but your participation may help other women who plan to breastfeed a second baby.
The only time that confidentiality may be broken is if I personally believe there are health risks, which need to be addressed. If you tell me any information that suggests there is risk of harm to a child, I will discuss it with you. I have a legal obligation to report the mistreatment or neglect of children to other health care workers. Otherwise, everything else you tell me will be kept in confidence.

Consent:

I, _____, have read this consent form and agree to be in the study called "Women's Description of Breastfeeding a Second Infant". Any questions I have about the study have been answered. I am aware of the purpose of the study. I have been given a copy of this consent form to keep.

_____ _____

Participant Date

_____ _____

Researcher Date

If you wish to receive a summary of the study when it is finished, please complete the following:

Name: _____

Address: _____

APPENDIX D: BIOGRAPHICAL DATA: PARTICIPANT

1. How old are you? _____
2. In what country were you born? _____
3. What is your marital status?
   _____1. single
   never married
   _____2. married
   _____3. common law
   _____ 4. divorced, or separated
   _____5. widowed
4. What was your marital status at the time of the birth of your first child?
   _____1. single
   never married
   _____2. married
   _____3. common law
   _____ 4. divorced, or separated
   _____5. widowed
5. How old is your other child?_____
6. Is that child living at home with you?_____
7. How many times have you been pregnant?_____
8. Are you presently working? _____
9. What is/was your occupation? _____
10. What is your partner's occupation?_____
11. What is the highest level of education you have obtained
    _____ not completed high school
    _____ high school completed
    _____ college/technical school
    _____ university -- how many years _____
    highest degree _____
12. What is the approximate yearly level of income in your family?
    _____less than $19,999
    _____$20,000 to $29,999
    _____$30,000 to $39,999
    _____$40,000 to $49,999
    _____greater than $50,000
13. How long do you plan to breastfeed this baby?_____
14. How long did you breastfeed your other child? _____
15. What date is your baby due? _____

APPENDIX E: QUESTIONS TO GUIDE INTERVIEWS

Antepartum Interview

1. Tell me about your breastfeeding experience with your other child.
2. Tell me why you chose to breastfeed your second baby.

   (Don't know, insufficient answer- go to probe)

   (Full answer go to #3)

   Probe

   Why do you plan to breastfeed?

3. What sort of information do you want to know or need to know at this time?

   (Don't know, insufficient answer- go to probes)

   Probes

   Tell me some of the questions or concerns you have at this time.

   Are these questions different than the ones you had when you breastfed your first baby ?

   Do you feel you learned what you wanted/needed to know about breastfeeding?

Postpartum Interview at Two Weeks

1. Tell me about your breastfeeding experience during the last two weeks.

   (Don't know, insufficient answer- go to probes)

   (Full answer go to #2)

   Probes

   Did you wonder about what to expect after you were at home?

   How has breastfeeding this baby affected your other child and your family?

2. Tell me about the information you received in the hospital about breastfeeding.

(Don't know, insufficient answer - go to probe)

Probe

Did you wonder where you would get answers to your questions about breastfeeding?

Postpartum Interview at Six Weeks

1. Tell me about your breastfeeding experience during the last six weeks.
2. Tell me about what has helped you the most with breastfeeding during this time.
3. Tell me about what was least helpful during this time.
4. What would you like to see changed about the information and help you got on breastfeeding?

(Don't know, insufficient answer - go to probes)

Probes

Tell me about the information that you learned.

What should be different?

Tell me about the way the information was presented to you.

What should be different?

Tell me about the help you received with breastfeeding while in the hospital.

What should be different?

Was there information, help or support that you wanted but did not get?

Tell me about the help you received and the information the public health nurse or lactation consultant gave you.

What should be different?

Was there information, help or support that you wanted but did not get?

APPENDIX F: INFORMED CONSENT FORM: SECONDARY PARTICIPANTS

Project Title: Women's Description of Breastfeeding a Second Infant

Researcher:
Debra Allen
MN student
Faculty of Nursing
University of Alberta
477-4639

Thesis Supervisor:
Dr. Beverley O'Brien
Professor of Nursing
Faculty of Nursing
University of Alberta
492-8232

Purpose of the Study: I want to find out what it is like for women to breastfeed a second infant. By listening to you and other women talk about their experiences, I hope to understand what it is like, and how nurses can help.

Procedure: I will talk to you about your experience of breastfeeding your baby. I will ask about your thoughts and feelings. You will be interviewed once so that you can tell me whether the information that others have shared with me about breastfeeding a second infant are true or not. This interview will last about one hour. The interview will be at a time and place that you choose. This interview will be tape recorded and only the typist and I will listen to the tape. Your name will not be on the written record. Your name will be removed from the audio tapes. You will be given a make-believe name. My thesis committee members may read the typed interview. The audio tapes and the written record will be kept in a locked cupboard during the study. This will be in a place separate form your consent form. Your consent form will also be kept in a locked cupboard. The audio tapes and the consent forms will be destroyed after the study is completed. Before the written records can be used for another study, the researcher must get approval from an ethics committee.

I may use some of your comments in the report of this study. I will write the report so others will not know who made the comments. The information found during this study may be published or presented at conferences. Your name or any material that might identify you will not be used. If at any time, you have any questions you may contact my research supervisor, Dr. Beverly O'Brien, or me at the given phone numbers.

Participation: You do not have to be in this study unless you want to be. You can drop out at anytime by just telling the researcher. You can refuse to answer any question. There are no known health risks from being in this study. You may or may not gain anything from this study but your participation may help other women who plan to breastfeed a second baby.

The only time that confidentiality may be broken is if I personally believe there are health risks, which need to be addressed. If you tell me any information that suggests there is risk of harm to a child, I will discuss it with you. I have a legal obligation to report the mistreatment or neglect of children to other health care workers. Otherwise, everything else you tell me will be kept in confidence.

Consent:

I, _____, have read this consent form and agree to be in the study called "Women's Description of Breastfeeding a Second Infant". Any questions that I have about being in the study have been answered. I am aware of the purpose of the study. I have been given a copy of this consent form to keep.

_____ _____
Participant Date

_____ _____
Researcher Date

If you wish to receive a summary of the study when it is finished, please complete the following:

Name: _____

Address: _____

APPENDIX G: INFORMED CONSENT FORM: MOTHER BREASTFEEDING HER FIRST INFANT

Project Title: Women's Description of Breastfeeding a Second Infant

Researcher:
Debra Allen
MN student
Faculty of Nursing
University of Alberta
477-4639

Thesis Supervisor:
Dr. Beverley O'Brien
Professor of Nursing
Faculty of Nursing
University of Alberta
492-8232

Purpose of the Study: I want to find out what it is like for women to breastfeed a second infant. By listening to you and other women talk about their experiences, I hope to understand what it is like, and how nurses can help.

Procedure: I will talk to you about your experience of breastfeeding your baby. I will ask about your thoughts and feelings. You will be interviewed once so that you can tell me about your experience of breastfeeding an infant for the first time. Your information will help me compare the experience of breastfeeding for the first time and the second time. This interview will last about one hour. The interview will be at a time and place that you choose. This interview will be tape recorded and only the typist and I will listen to the tape. Your name will not be on the written record. Your name will be removed from the audio tapes. You will be given a make-believe name. My thesis committee members may read the typed interview. The audio tapes and the written record will be kept in a locked cupboard during the study. This will be in a place separate form your consent form. Your consent form will also be kept in a locked cupboard. The audio tapes and the consent forms will be destroyed after the study is completed. Before the written records can be used for another study, the researcher must get approval from an ethics committee.
I may use some of your comments in the report of this study. I will write the report so others will not know who made the comments. The information found during this study may be published or presented at conferences. Your name or any material that might identify you will not be used. If at any time, you have any questions you may contact my research supervisor, Dr. Beverly O'Brien, or me at the given phone numbers.

Participation: You do not have to be in this study unless you want to be. You can drop out at anytime by just telling the researcher. You can refuse to answer any question. There are no known health risks from being in this study. You may or may not gain anything from this study but your participation may help other women who plan to breastfeed a second baby.
The only time that confidentiality may be broken is if I personally believe there are health risks, which need to be addressed. If you tell me any information that suggests there is risk of harm to a child, I will discuss it with you. I have a legal obligation to report the mistreatment or neglect of children to other health care workers. Otherwise, everything else you tell me will be kept in confidence.

Consent:

I, _____, have read this consent form and agree to be in the study called "Women's Description of Breastfeeding a Second Infant". Any questions that I have about being in the study have been answered. I am aware of the purpose of the study. I have been given a copy of this consent form to keep.

_____ _____

Participant Date

_____ _____

Researcher Date

If you wish to receive a summary of the study when it is finished, please complete the following:

Name: _____

Address: _____

APPENDIX H: HEALTH RESEARCH ETHICS APPROVAL

University of Alberta
Edmonton

Faculty of Rehabilitation Medicine
Rehabilitation Research Centre

Canada T6G 2G4

3-48 Corbett Hall
Director (403) 492-7856 Telephone (403) 492-2903
Fax (403) 492-1626

UNIVERSITY OF ALBERTA HEALTH SCIENCES FACULTIES, CAPITAL HEALTH AUTHORITY, AND CARITAS HEALTH GROUP

HEALTH RESEARCH ETHICS APPROVAL

Date: October 21, 1997

Name(s) of Principal Investigator(s): Debra Allen

Organization(s): University of Alberta

Department: Faculty of Nursing

Project Title: Women's Description of Breastfeeding a Second Infant

The Health Research Ethics Board has reviewed the protocol for this project and found it to be acceptable within the limitations of human experimentation. The HREB has also reviewed and approved the patient information material and consent form.

This approval is valid for one year, with the possibility of extension provided there have been no major changes in the protocol. All protocols may be subject to re-evaluation after three years. Any changes made to the protocol must be submitted to the HREB for approval.

Sharon Warren

Dr. Sharon Warren
Chair of the Health Research Ethics Board

File number: B-02031097